Summary of feedback to proposals for revisions to Victorian Health Incident Management System Minimum Data set (VHIMS MDS) for 2024–25

March 2024

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Contents

Executive summary

This document summarises the outcomes of stakeholder consultation on *Proposals for revisions to the Victorian Health Incident Management System Minimum Data Set (VHIMS MDS) for 2024−25,* which was undertaken in late 2023 as part of the inaugural review of the VHIMS MDS.

A total of 26 changes to the VHIMS MDS were proposed for 2024−25. Proposed changes included the addition of new elements, as well as the amendment or removal of existing data items. A further three changes identified for future implementation were also included for feedback. The Integrated Data and Analytics (IDA) unit of eHealth[1] developed proposals in consultation with the VHIMS Working Group (VWG), which comprises representatives from health services, Safer Care Victoria (SCV) and the Department of Health (the department).

The department received 60 responses during the consultation period from public and community health services, software vendors, and policy and program areas across the department and SCV. Stakeholder feedback has contributed to the assessment of each proposal against the principles of data quality and integrity – *relevance, collectability, applicability, utility, data quality, implementation, and consequential impact* – and informed the final recommendation on whether a proposal should proceed in 2024−25 (see Table 1).

Overall, most proposals were supported in-principle by most stakeholders. However, many responses highlighted concerns with respect to cost implications and the timeframes for technical implementation of proposed changes, and the ability of health services and vendors to meet these. Vendors also requested that all changes be retrospective to avoid the need to maintain multiple MDS versions. Changes to the project schedule have been endorsed to extend the implementation timeframes, however feedback regarding costs requires further consideration and communication with health services. Meetings with vendors are underway to discuss technical implementation of approved changes.

Furthermore, consultation with health services has highlighted the need for change management support to facilitate implementation of changes to the VHIMS MDS. IDA, in partnership with SCV and relevant policy and program areas across the department, is developing a suite of training and guidance materials to support these changes.

Pending VHIMS project board endorsement and sponsor approval, the final VHIMS MDS 2024−25 and associated specifications will be released in March 2024, with implementation to occur from early 2025.

Table 1 – Summary of final recommendations

Eighteen proposals are recommended to proceed:
• Proposal 1.1 – Remove *'Is this incident related to a pandemic/epidemic?*'
• Proposal 1.2 – Add new *Health service incident ID*.
• Proposal 1.3 – Amend *Notification type* code set and reporting guide.
• Proposal 2.1 – Remove questions related to 'Who was involved?' (multiple)
• Proposal 3.1 − Amend the VHIMS MDS manual to include *Notification date*.
• Proposal 4.2 − Amend *Campus* reporting requirements.
• Proposal 4.3 – Amend *Ward/location*.
• Proposal 4.4 − Amend *Specialty unit* reporting requirements.
• Proposal 5.2 – Event taxonomy and subcategory amendments (multiple excluding 5.2.14 and 5.2.16)

[1] The inaugural review of the VHIMS MDS was commenced by the then Survey, Safety and Quality Insight (SSQI) unit within the Victorian Agency for Health Information (VAHI) division of the department. Following the Future Health restructure, the relevant parts of the SSQI unit are now within the Integrated Data and Analytics unit of the Analytics Branch of the new eHealth division.

- Proposal 6.1 – Remove *External notifications*.
- Proposal 6.2 – Amend *Is this incident related to care provided by this organisation* flag.
- Proposal 6.3 – Add new adverse patient safety event flag.
- Proposal 6.4 – Remove *VMIA notifiable*.
- Proposal 8.3 – Amend *Incident Severity Rating (ISR)* algorithm.
- Proposal 8.4 – Amend *Contributing Factors*
- Proposal 8.5 – Remove *related National Safety and Quality Health Service Standard*
- Proposal 8.6 – Amend elements related to sentinel events.
- Proposal 8.7 – Add Indigenous status.

Four proposals are recommended to NOT proceed:

- Proposal 4.1 – Add new *Health service identification code*.
- Proposal 5.3 − Remove elements related to emergency response.
- Proposal 8.8 – Add preferred language.

Four proposals are recommended for deferral:

- Proposal 5.1 − Identify primary event type (and amend definition of Incident type/Event type)
- Proposal 7.1 − Remove *Review type.*
- Proposal 7.2 – Remove *Review Status*
- Proposal 8.1 – Amend the *Gender* element to *Sex.*
- Proposal 8.2 – Add a new *Gender* element.

Three proposals included for feedback on future implementation only:

- Proposal 9.1 – Statutory Duty of Candour reporting.
- Proposal 9.2 – Remove *Brief summary.*
- Proposal 9.3 – Remove *details.*

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. 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.

In 2023, the department commenced the inaugural review of the VHIMS MDS, prompted by feedback from health services over the initial 12−18 months of data collection, which highlighted opportunities to refine the dataset and business rules to reduce the reporting burden on health services and improve data quality and utility.

The key objectives of the review were 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.

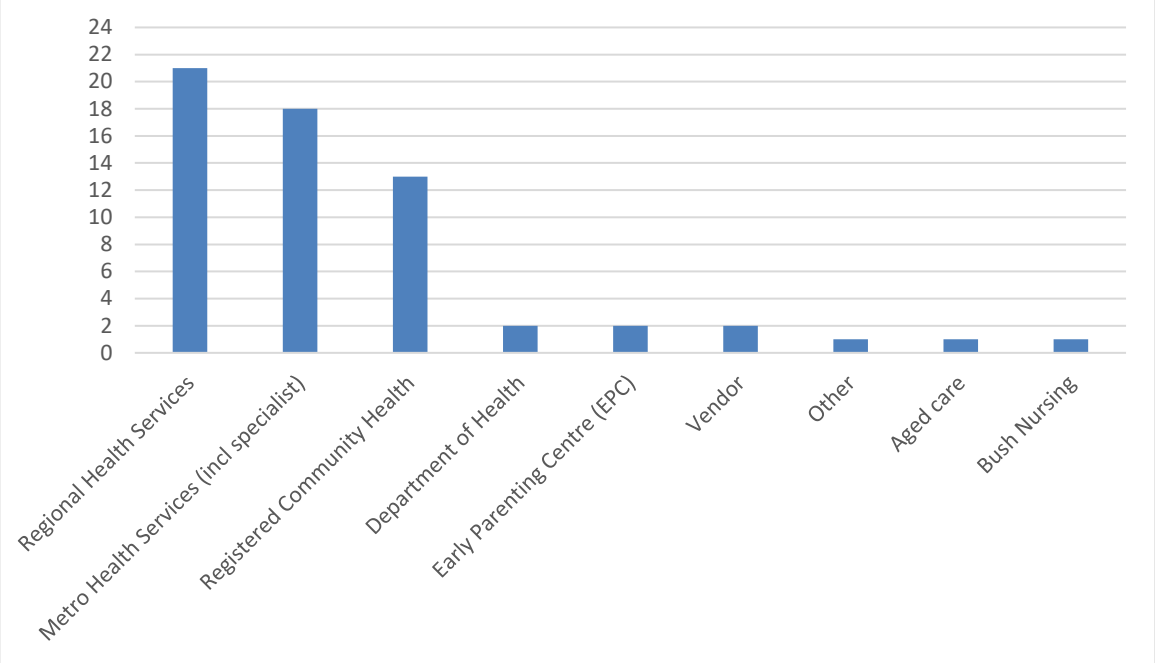
e. Consider requirements to support future **Statutory Duty of Candour** reporting.

A total of 26 proposals for change for 2024−25, consisting of addition of new elements, as well as the amendment or removal of some existing items, underwent consultation with Victorian public and community health services, software vendors and policy and program areas across the department and Safer Care Victoria (SCV). A further three changes were identified for future implementation. The Integrated Data and Analytics (IDA) unit of eHealth [2] developed proposals in consultation with the VHIMS Working Group (VWG), which comprises representatives from health services, SCV and the department.

Sixty responses were received during the consultation period, with broad representation across health services, vendors and departmental and SCV stakeholders (see Figure 1). These responses have contributed to the assessment of each proposal against the principles of data quality and integrity – *relevance, collectability, applicability, utility, data quality, implementation, and consequential impact* – and informed the final recommendation on whether a proposal should proceed in 2024−25.

[2] The inaugural review of the VHIMS MDS was commenced by the then Survey, Safety and Quality Insight (SSQI) unit within the Victorian Agency for Health Information (VAHI) division of the department. Following the Future Health restructure, the relevant parts of the SSQI unit are now within the IDA unit of the Analytics Branch of the new eHealth division.

Figure 1 Responses by organisation type.



Pending VHIMS project board endorsement and sponsor approval, the final VHIMS MDS 2024−25 and associated specifications will be released in March 2024, with implementation to occur from early 2025.

About this document

Most information in this document is collated by proposal. For each proposal, the document summarises stakeholder feedback on the proposed change, provides an assessment of the proposal against the principles of data quality and integrity (see Table 2)[3] and outlines the recommended outcome (i.e., proceed, proceed with changes, not proceed, or deferral). Themes that consistently emerged across proposals and responses have been discussed in detail under global feedback.

Stakeholder comments have been coded and reported under themes. Verbatim comments are included at Appendix 1.

For proposals that generated insufficient feedback or where there was no clear consensus, additional information and supporting data has been sought to inform assessment and recommendations. This information is included within the IDA response sections.

The document should be read in conjunction with *Proposals for revisions to the Victorian Health Incident Management System Minimum Data Set (VHIMS MDS) for 2024−25.* See Victorian Health Incident Management System - Proposals for revisions to the Victorian Health Incident Management System Minimum Data Set (VHIMS MDS) for 2024−25.pdf - All Documents (sharepoint.com)

Table 2 Principles of data quality and integrity

Category	Measures
Relevance	Data should be within the scope of the collection.

[3] Assessment is of the data element itself not the proposed change (i.e., addition, removal, amendment).

Collectability	The data should already be collected by the service. There should be value for the service in collecting the data. Collection of the data should align with normal business processes in the service (i.e., will not place additional burden on health services). It should be legal for the service to collect the data.
Applicability	Data is applicable across all in-scope health services. Collection of data must be consistent with Departmental policy.
Utility	The information derived from the data can objectively drive quality and safety improvement.
Data Quality	There should be a process (i.e., person, unit or organisation identified) to monitor quality. There should be minimal transformation of data required by services to meet reporting requirements.
Implementation	It should be technically possible for health services and DH to implement without significant issues (including consideration of cost). All options for the collection of this data should be assessed and the most appropriate method of collection selected.
Consequential impact	The impact on other data already collected or proposed to collect must be articulated. There should be no adverse effect on the reputation or integrity of the collection. Identify any dependencies on other projects or plans. The impact on time-series data must be quantified. The impact on reports, extracts or automated processes must be quantified.

Global feedback

Overall, proposals were supported in-principle by most stakeholders. However, some feedback was consistently raised across all proposals, including:

- **Cost implications and timelines** − Health services consistently highlighted concerns related to cost implications and timeframes from implementation. Concern was expressed that health services and vendors would be unable to meet these, and requests for funding were expressed by some health services. Changes to the project schedule have been endorsed to extend the implementation timeframes and also provide health services more time to build costs into their 2024−25 budgets.

- **Technical implementation** − Vendors have consistently requested that changes be retrospective to avoid the technical overhead of maintaining multiple minimum data set versions in their system. Several meetings with vendors and Information and Digital Solutions are planned to workshop the technical implementation of approved changes.

- **Change management** – Responses from health services, including those where feedback indicated a misunderstanding of the purpose and extent of changes, highlighted the need for change management support to facilitate implementation of changes to the VHIMS MDS. IDA, in partnership with SCV and relevant policy and program areas across the department is developing a suite of training and guidance materials to support these changes.

Feedback by proposal

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	IDA
Summary of proposal	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.

Summary of feedback

Most health services supported removal of this item and indicated that they did not utilise this information to review or manage incidents now that the pandemic had concluded. One health service did not support the change, noting concern that COVID related incidents were still occurring. A suggestion was made that if required, this information could be more efficiently captured as a contributing factor.

Tally

Supported	49

Supported with comment	9
Not supported	1
Not applicable	1

IDA response

N/A

Assessment

Category	Considerations	Assessment
Relevance	Data should be within the scope of the collection.	Does Not Meet Criteria
Collectability	The data should already be collected by the service. There should be value for the service in collecting the data. Collection of the data should align with normal business processes in the service (i.e., will not place additional burden on health services). It should be legal for the service to collect the data.	Meets Criteria
Applicability	Data is applicable across all in-scope health services. Collection of data must be consistent with Departmental policy.	Does Not Meet Criteria
Utility	The information derived from the data can objectively drive quality and safety improvement.	Does Not Meet Criteria
Data Quality	There should be a process (i.e., person, unit or organisation identified) to monitor quality. There should be minimal transformation of data required by services to meet reporting requirements.	Meets Criteria
Implementation	It should be technically possible for health services and DH to implement without significant issues (including consideration of cost). All options for the collection of this data should be assessed and the most appropriate method of collection selected.	Meets Criteria
Consequential impact	The impact on other data already collected or proposed to collect must be articulated. There should be no adverse effect on the reputation or integrity of the collection. Identify any dependencies on other projects or plans. The impact on time-series data must be quantified. The impact on reports, extracts or automated processes must be quantified.	Meets Criteria

Recommendation

IDA recommends that the proposal proceeds.

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	IDA
Summary of proposal	This change is required to assist with reconciling transmitted incidents with those received by the Department.

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.

Health services using VHIMS CS will not be required to report this element because both the Department and health services have access to the unique identifier in VHIMS CS.

Summary of feedback

Most health services supported inclusion of this element, however some confusion in relation to intent and implementation of this change was evident across several responses. Respondents that raised concerns in relation to this change were not aware that the proposal required minimal changes to transmit an element that is readily available in their system.

Tally

Supported	43
Supported with comments	8
Not supported	1
Not applicable	8

IDA response

N/A

Assessment

Category	Considerations	Assessment
Relevance	Data should be within the scope of the collection.	Meets Criteria
Collectability	The data should already be collected by the service. There should be value for the service in collecting the data. Collection of the data should align with normal business processes in the service (i.e., will not place additional burden on health services). It should be legal for the service to collect the data.	Meets Criteria
Applicability	Data is applicable across all in-scope health services. Collection of data must be consistent with Departmental policy.	Meets Criteria
Utility	The information derived from the data can objectively drive quality and safety improvement.	Meets Criteria
Data Quality	There should be a process (i.e., person, unit or organisation identified) to monitor quality. There should be minimal transformation of data required by services to meet reporting requirements.	Meets Criteria

Implementation	It should be technically possible for health services and DH to implement without significant issues (including consideration of cost). All options for the collection of this data should be assessed and the most appropriate method of collection selected.	Meets Criteria
Consequential impact	The impact on other data already collected or proposed to collect must be articulated. There should be no adverse effect on the reputation or integrity of the collection. Identify any dependencies on other projects or plans. The impact on time-series data must be quantified. The impact on reports, extracts or automated processes must be quantified.	Meets Criteria

Recommendation

IDA recommends that the proposal proceeds.

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	IDA
Summary of proposal	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.

Summary of feedback

There was high level support for this change, with health services noting a relevant distinction between OH&S incidents impacting staff and visitors and the need for the VHIMS MDS manual to reflect data transmitted to the department. Several responses highlighted the need for definitions and guidance for each notification type to support consistent and comprehensive reporting.

The Community and Primary Care branch requested the consideration of an alternative name for clinical incident types to encompass client incidents in non-clinical settings (for example Department of Fairness, Families and Housing [DFFH] funded programs) noting that ‘clinical’ is not terminology used by some organisation types.

Vendors supported this change as it reflects the current transmission protocol.

Tally

Supported	50
Supported with comments	8
Not supported	0
Not applicable	2

IDA response

IDA will work with policy areas to ensure that the definition of clinical incident incorporates non-clinical/client incidents.

Assessment

Category	Considerations	Assessment
Relevance	Data should be within the scope of the collection.	Meets Criteria
Collectability	The data should already be collected by the service. There should be value for the service in collecting the data. Collection of the data should align with normal business processes in the service (i.e., will not place additional burden on health services). It should be legal for the service to collect the data.	Meets Criteria
Applicability	Data is applicable across all in-scope health services. Collection of data must be consistent with Departmental policy.	Meets Criteria
Utility	The information derived from the data can objectively drive quality and safety improvement.	Meets Criteria
Data Quality	There should be a process (i.e., person, unit or organisation identified) to monitor quality. There should be minimal transformation of data required by services to meet reporting requirements.	Meets Criteria
Implementation	It should be technically possible for health services and DH to implement without significant issues (including consideration of cost). All options for the collection of this data should be assessed and the most appropriate method of collection selected.	Meets Criteria
Consequential impact	The impact on other data already collected or proposed to collect must be articulated. There should be no adverse effect on the reputation or integrity of the collection. Identify any dependencies on other projects or plans. The impact on time-series data must be quantified. The impact on reports, extracts or automated processes must be quantified.	Meets Criteria

Recommendation

IDA recommends that the proposal proceeds.

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 IDA

Summary of proposal 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.

Summary of feedback

Feedback was not collected as this proposal represents a change to the VHIMS data manual only.

Tally

N/A

IDA response

N/A

Assessment

N/A

Recommendations

IDA recommends that the proposal proceeds.

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	IDA
Summary of proposal	To ensure the VHIMS MDS manual defines all VHIMS MDS elements.

Summary of feedback

Feedback was not collected as this proposal represents a change to the VHIMS data manual only.

Tally

N/A

IDA Response

N/A

Assessment

N/A

Recommendations

IDA recommends that the proposal proceeds.

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	IDA
Summary of proposal	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. To allow analysis of incident data with the administrative collections.

Summary of feedback

There was broad support from all respondents for this proposal, however some health services and vendors suggested introduction of a health service ID would be better achieve through mapping within the database rather than adding a new field to the transmission.

Tally

Supported	44
Supported with comments	12
Not supported	0
Not applicable	4

IDA response

At a technical workshop held during the consultation period for proposals, IDA, Information and Digital Solutions (IDS) and vendors agreed an alternative solution for mapping the VHIMS organisation code to those codes used in the department's administrative collections in the database was a more feasible approach to reporting this information.

Further consultation between IDS and IDA is underway to understand if this will be achieved in the database or as a mapping table.

Assessment

Category	Considerations	Assessment
Relevance	Data should be within the scope of the collection.	Meets Criteria
Collectability	The data should already be collected by the service. There should be value for the service in collecting the data. Collection of the data should align with normal business processes in the service (i.e., will not place additional burden on health services). It should be legal for the service to collect the data.	Meets Criteria
Applicability	Data is applicable across all in-scope health services. Collection of data must be consistent with Departmental policy.	Meets Criteria

Utility	The information derived from the data can objectively drive quality and safety improvement.	Meets Criteria
Data Quality	There should be a process (i.e., person, unit or organisation identified) to monitor quality. There should be minimal transformation of data required by services to meet reporting requirements.	Meets Criteria
Implementation	It should be technically possible for health services and DH to implement without significant issues (including consideration of cost). All options for the collection of this data should be assessed and the most appropriate method of collection selected.	Does Not Meet Criteria
Consequential impact	The impact on other data already collected or proposed to collect must be articulated. There should be no adverse effect on the reputation or integrity of the collection. Identify any dependencies on other projects or plans. The impact on time-series data must be quantified. The impact on reports, extracts or automated processes must be quantified.	Meets Criteria

Recommendation

IDA recommends that the proposal does not proceed.

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 IDA

Summary of proposal *Campus* codes in the VHIMS MDS are currently health service determined and 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.

Summary of feedback

This proposal received mixed feedback. Responses raised concerns with the utility of the proposed AIMS campuses, noting these did not meet their organisational requirements, and in some cases existing campuses would be split across multiple AIMS campuses which would make mapping difficult.

Those health services such as Community Health that are not in scope for SDC and therefore AIMS reporting suggested this change was not applicable to their organisation type some indicating that this level of reporting is not included in their systems.

There was concern that there will be a significant administrative and resourcing burden for health services to implement this change.

Tally

Supported	38
Supported with comments	9
Not supported	8
Not applicable	5

IDA response

While there has been considerable feedback on the utility of the proposed AIMS campus lists, this approach reflects how other safety and quality data is reported across the department and is important to ensure the utility of campus-level VHIMS reporting. IDA will undertake an initial mapping exercise to reduce the burden on health services and will consider reasonable adjustments to campuses where needed to support meaningful reporting. Campuses will be drawn primarily from the AIMS campus lists, however where a campus is not included in AIMS, the Community Health Minimum Data Set will be used. Both collections derive codes from the Service Agreement Management System (SAMS 2).

Assessment

Category	Considerations	Assessment
Relevance	Data should be within the scope of the collection.	Meets Criteria
Collectability	The data should already be collected by the service. There should be value for the service in collecting the data. Collection of the data should align with normal business processes in the service (i.e., will not place additional burden on health services). It should be legal for the service to collect the data.	Meets Criteria
Applicability	Data is applicable across all in-scope health services. Collection of data must be consistent with Departmental policy.	Meets Criteria
Utility	The information derived from the data can objectively drive quality and safety improvement.	Meets Criteria
Data Quality	There should be a process (i.e., person, unit or organisation identified) to monitor quality. There should be minimal transformation of data required by services to meet reporting requirements.	Meets Criteria
Implementation	It should be technically possible for health services and DH to implement without significant issues (including consideration of cost). All options for the collection of this data should be assessed and the most appropriate method of collection selected.	Meets Criteria
Consequential impact	The impact on other data already collected or proposed to collect must be articulated. There should be no adverse effect on the reputation or integrity of the collection. Identify any dependencies on other projects or plans. The impact on time-series data must be quantified. The impact on reports, extracts or automated processes must be quantified.	Meets Criteria

Recommendation

IDA recommends that the proposal proceeds.

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	IDA
Summary of proposal	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 IDA every time a new ward or location was created in their organisations incident management system. It is now proposed that a generic list of wards and locations be introduced health services can map their existing codes to the new 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 while providing greater utility and functionality when undertaking data analysis, thereby supporting the department's and SCV's monitoring role. This may also support granularity in reporting and comparisons between health services.

Summary of feedback

This proposal received a lot of in-principle support, however health services consistently highlighted the need to maintain their self-determined local wards/locations. Many respondents highlighted that the change would need to be achieved through mapping, which would incur a large financial and administrative burden.

There was also considerable feedback in relation to the lack of granularity in proposed list of wards/locations. These responses highlighted the need for clearer definitions and guidance, particularly in relation to the intention to utilise both ward/location and speciality unit information to provide more comprehensive detail about the incident.

Several health services suggested the change be deferred to enable more time to develop a definitive list of wards and locations. Individual comments were received about ensuring the list aligns with Commonwealth requirements.

SCV's response reiterated the need for this information to support comprehensive monitoring and surveillance activities, which is also reflected in several recent internal requests for data, including for incidents occurring within Emergency Departments.

See Appendix 2 proposed list of wards.

Tally.

Supported	15
Supported with comments	30
Not supported	13
Not applicable	2

IDA response

While this change will result in a significant upfront burden to health services to map their current ward/location codes to the newly developed codes, there will be a significant reduction in burden over time as health services will be able to manage changes to ward locally, rather than needing to contact the department for new codes each time a change is made.

It is expected the change will result in improved data useability for data users in SCV and policy areas across the department and support more comprehensive benchmarking by health services.

Further consultation with policy areas and SCV has been undertaken to ensure the final list meets the requirements of data users. This has included consideration of additional values suggested by stakeholders. Guidance documents will be developed to support health services understanding of the intent and use of this field. The final list is available at appendix 2.

Assessment

Category	Considerations	Assessment
Relevance	Data should be within the scope of the collection.	Meets Criteria
Collectability	The data should already be collected by the service. There should be value for the service in collecting the data. Collection of the data should align with normal business processes in the service (i.e., will not place additional burden on health services). It should be legal for the service to collect the data.	Meets Criteria
Applicability	Data is applicable across all in-scope health services. Collection of data must be consistent with Departmental policy.	Meets Criteria
Utility	The information derived from the data can objectively drive quality and safety improvement.	Meets Criteria
Data Quality	There should be a process (i.e., person, unit or organisation identified) to monitor quality. There should be minimal transformation of data required by services to meet reporting requirements.	Meets Criteria
Implementation	It should be technically possible for health services and DH to implement without significant issues (including consideration of cost). All options for the collection of this data should be assessed and the most appropriate method of collection selected.	Meets Criteria
Consequential impact	The impact on other data already collected or proposed to collect must be articulated. There should be no adverse effect on the reputation or integrity of the collection. Identify any dependencies on other projects or plans. The impact on time-series data must be quantified. The impact on reports, extracts or automated processes must be quantified.	Meets Criteria

Recommendation

IDA recommends that the proposal proceeds with amendments.

Proposal 4.4 − Amend *Specialty unit* reporting requirements.

It is proposed to	Introduce a defined code set for *Speciality unit* element.
Proposed by	IDA

Summary of proposal	Amend *Speciality unit* element to require reporting of a defined code set. Currently *Specialty unit* is a health service determined data element. The resulting code are difficult to compare across health services. To address this IDA proposes to provide health services with a list of generic speciality units. 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 IDA has referenced, analysed and grouped the currently reported information from 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, VHIMS data and national definitions (e.g. MeTEOR). 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 3 proposed list of specialty units.

Summary of feedback

There was mixed support for this proposal. Most respondents highlighted should the change be accepted, there would be a need to retain local values in their systems mapped to the generic values proposed. Many responses expressed concerns about the volume of work required for mapping.

Responses also highlighted a lack of consistency in how services are using the *Speciality unit* field, with several commenting that current practice does not align with the intent defined in the proposal. Several requests were received to improve the definitions and business rules to provide more clarity about field usage.

There was considerable feedback in relation to the proposed list of speciality units, with a lack of consensus about granularity, for example whether specific paediatric values were required.

Some responses queried the ability to compare speciality units across different services, for example dental services in Community Health with dental services in a dental or acute health service, indicating the need for more communication in relation to the use of peer groups in VHIMS reporting.

SCV's response reiterated the need for a defined list of speciality units to enable comprehensive monitoring and surveillance, while recognising the need for health services to retain local naming conventions.

Tally

Supported	17
Supported with comments	27
Not supported	14
Not applicable	2

IDA response

While this change will result in a significant upfront burden to health services to map their current speciality units to the newly developed codes, it is expected the change will result in improved data useability for data users in SCV and policy areas across the department and support more comprehensive benchmarking by health services.

Further consultation with policy areas and SCV has been undertaken to ensure the final list meets the requirements of data users. This has included consideration of additional values suggested by stakeholders. Guidance documents will be developed to support health services understanding of the intent and use of this field. The final list is included at appendix 3.

IDA recommends this proposal proceeds, noting there is a variation in how the field is used between clinical and OH&S incidents. A nuanced definition and reporting guidance will accompany this field reflecting the variation in use between the two incident types and to improve the reported data to meet the needs of data users.

Assessment

Category	Considerations	Assessment
Relevance	Data should be within the scope of the collection.	Meets Criteria
Collectability	The data should already be collected by the service. There should be value for the service in collecting the data. Collection of the data should align with normal business processes in the service (i.e., will not place additional burden on health services). It should be legal for the service to collect the data.	Meets Criteria
Applicability	Data is applicable across all in-scope health services. Collection of data must be consistent with Departmental policy.	Meets Criteria
Utility	The information derived from the data can objectively drive quality and safety improvement.	Meets Criteria
Data Quality	There should be a process (i.e., person, unit or organisation identified) to monitor quality. There should be minimal transformation of data required by services to meet reporting requirements.	Meets Criteria
Implementation	It should be technically possible for health services and DH to implement without significant issues (including consideration of cost). All options for the collection of this data should be assessed and the most appropriate method of collection selected.	Meets Criteria
Consequential impact	The impact on other data already collected or proposed to collect must be articulated. There should be no adverse effect on the reputation or integrity of the collection. Identify any dependencies on other projects or plans. The impact on time-series data must be quantified. The impact on reports, extracts or automated processes must be quantified.	Meets Criteria

Recommendation

IDA recommends that the proposal proceeds with amendments.

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	IDA
Summary of proposal	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.

Summary of feedback

The proposal generated mixed feedback. Overall, most health services supported the change, and Option B (allow primary event type and related event types) was generally preferred over option A (restrict to one primary event type only). Responses noted Option B enabled the complexity of incidents to be demonstrated while providing clarity about the primary event type to be investigated and internally reported.

However, some services opposed any change, and suggested that requiring reporters to indicate which event type was the primary event would require extensive support and training (Option B), but that valuable data may be missed if multiple event types could not be selected (Option A). It was also suggested that as incident review may identify multiple root causes, processes may indicate that the primary event type chosen by a reporter is not the root cause of the incident.

Vendors indicated that Option B was a complex change would likely have significant time and cost implications.

Several functional amendments to Option B were requested, including ensuring the secondary event type be optionally required to lessen the data entry burden for users, and capping the number of event types allowed to be selected.

Tally

Supported	23

Supported with comments	33
Not supported	4
Not applicable	0

IDA response

Further exploration of the change with IDS supports feedback from vendors that implementation of the prefer option (Option B) would require significant cost and time investment. Option A, while more straightforward was not supported by most respondents. At present, ~90% of reported incidents only include one event type – neither option in this proposal would offer any advantage over the existing collection of this item for these incidents, making this change unfeasible from a cost-benefit perspective. Further consultation is required, and this change will be considered in future reviews.

Assessment

Category	Considerations	Assessment
Relevance	Data should be within the scope of the collection.	Meets Criteria
Collectability	The data should already be collected by the service. There should be value for the service in collecting the data. Collection of the data should align with normal business processes in the service (i.e., will not place additional burden on health services). It should be legal for the service to collect the data.	Meets Criteria
Applicability	Data is applicable across all in-scope health services. Collection of data must be consistent with Departmental policy.	Meets Criteria
Utility	The information derived from the data can objectively drive quality and safety improvement.	Meets Criteria
Data Quality	There should be a process (i.e., person, unit or organisation identified) to monitor quality. There should be minimal transformation of data required by services to meet reporting requirements.	Meets Criteria
Implementation	It should be technically possible for health services and DH to implement without significant issues (including consideration of cost). All options for the collection of this data should be assessed and the most appropriate method of collection selected.	Does Not Meet Criteria
Consequential impact	The impact on other data already collected or proposed to collect must be articulated. There should be no adverse effect on the reputation or integrity of the collection. Identify any dependencies on other projects or plans. The impact on time-series data must be quantified. The impact on reports, extracts or automated processes must be quantified.	Does Not Meet Criteria

Recommendation

IDA recommends that the proposal is deferred.

Proposal 5.2 − Amend *Incident type/Event type* and *Incident type* sub-categories

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	IDA
Summary of proposal	Refer to *Proposals for revisions to the Victorian Health Incident Management System Minimum Data Set (VHIMS MDS) for 2024−25* document for details.

Summary of feedback

Overall, proposed changes to event types were supported with suggestions for additions and changes to language.

There were a few health services that did not support some of the changes as proposed, particularly those related to the medication related event taxonomy such as the removal of the APINCH flag.

There was a high not applicable response due to many of the event taxonomy proposed changes being more relevant to acute hospitals.

Table 3 summarises responses for each proposal.

Table 3 Summary of feedback and recommendations for 5.2.1 to 5.2.16

Proposal 5.2 (multiple)	Feedback	Recommendation
5.2.1 – Add discharge process within Assessment & Care Planning	General support with changes.	Proceed with consideration of requested changes.
5.2.2 – Amend behaviour problem within Behaviour	General support with suggestions of language changes and definitions.	Proceed with consideration of requested changes.
5.2.3 – Amend type of restraint within Behaviour	General support functional requests – for additional questions and software changes which is outside of the remit of this review. Definitional changes and language changes requested.	Proceed with consideration of requested changes and agreement of policy areas and SCV to ensure changes meet requirements of policy.
5.2.4 – Remove Seclusion as an event type	General support however some confusion about this being a removal of seclusion from the MDS. One response expressed concern about the impact on internal processes such as alerts and reports.	Proceed with additional communications on how VHIMS MDS still includes the ability to report seclusion.
5.2.5 − Amendments within Blood Products	General support, however, this proposal included several different changes, with varied levels of agreement across the different changes.	Proceed with consideration of requested changes and agreement of policy areas and SCV to ensure changes meet requirements of policy.

Proposal 5.2 (multiple)	Feedback	Recommendation
5.2.6 – Additional problems within Deteriorating Patient	General support however there was one response that felt it did not meet the requirements of legislation and that it required better definitions. Functional questions and additions and changes were also requested.	Proceed with consideration of requested changes.
5.2.7 – Additional classifications within Fall	General support with changes.	Proceed with consideration of requested changes.
5.2.8 – Amendments and additions to testing/sampling process within Investigations	General support but there was a higher unsupported component than other proposals. This change is related to removing of an item which had been added elsewhere, and this change was not universally agreed.	Proceed with consideration of requested changes and agreement of policy areas and SCV to ensure changes meet requirements of policy.
5.2.9 – Remove 'Did this involve a high risk (PINCH) medication'	This change is the most controversial change. Many concerns about the flag being required for internal health service use. IDA have suggested mapping of reported medications to achieve this, but this task is seen as onerous by health services. Other internal processes such as alerts and board KPI reporting would be impacted by the removal; health services have not appreciated that removal from the MDS does not mean it has to be removed from their internal system.	Proceed with consideration of requested changes.
5.2.10 – Amend medication details within the Medication and IV fluids and Medication Management	General support with some suggestions for change and some functional changes requested. Many of the issues with medication are software related and cannot be fixed via the VHIMS MDS. Cost of change was also cited as a concern.	Proceed with consideration of requested changes.
5.2.11 – Amend problems within Medication and IV fluids	General support with requests for changes.	Proceed with consideration of requested changes.
5.2.12 – Remove duplicate problem within Medication Management	General support however, two non-supporting health services appear to have misunderstood that the proposal was to remove a duplicate value not to remove the option all together.	Proceed as written.

Proposal 5.2 (multiple)	Feedback	Recommendation
5.2.13 – Amend behaviour problem types within Aggression/behaviour	General support with requests for changes.	Proceed with consideration of requested changes.
5.2.14 – Amend exposure problem types within Exposure	General support with requests for change.	Defer: Additional information about how this element is recorded has been identified and further consultation with policy areas, SCV and health services to understand this is required before proceeding.
5.2.15 – Remove problem types withing Fall, Slip, Trip	General support with requests for change, however non supporting health services would like to retain the ability to differentiate between fall from height and fall from stairs.	Proceed with consideration of requested changes.
5.2.16 –Remove 'bitten by animal/insect' problem under Struck by/against	Generally supported.	Defer: This change has been deferred to allow further consultation and will form part of the greater OH&S review of VHIMS MDS in the next change cycle.

Tally

Proposal 5.2 (multiple)	Supported	Supported with comments	Not supported	Not applicable
5.2.1	55	0	0	5
5.2.2	58	1	1	0
5.2.3	51	1	1	7
5.2.4	47	1	2	10
5.2.5	39	0	3	17
5.2.6	55	0	0	4
5.2.7	55	0	3	1
5.2.8	45	0	7	7
5.2.9	39	0	13	7
5.2.10	47	0	5	7
5.2.11	50	0	2	7
5.2.12	53	0	2	4
5.2.13	55	0	5	0

5.2.14	57	1	1	0
5.2.15	55	1	3	1
5.2.16	57	0	0	2

IDA response

Changes related to the OH&S event type taxonomy will be deferred and considered under the future OH&S MDS review.

Assessment

Changes to Event Taxonomy have been evaluated as a group, with specific recommendations (as per the above table) reflecting differences in Implementation or Consequential Impact.

Category	Considerations	Assessment
Relevance	Data should be within the scope of the collection.	Meets Criteria
Collectability	The data should already be collected by the service. There should be value for the service in collecting the data. Collection of the data should align with normal business processes in the service (i.e., will not place additional burden on health services). It should be legal for the service to collect the data.	Meets Criteria
Applicability	Data is applicable across all in-scope health services. Collection of data must be consistent with Departmental policy.	Meets Criteria
Utility	The information derived from the data can objectively drive quality and safety improvement.	Meets Criteria
Data Quality	There should be a process (i.e., person, unit or organisation identified) to monitor quality. There should be minimal transformation of data required by services to meet reporting requirements.	Meets Criteria
Implementation	It should be technically possible for health services and DH to implement without significant issues (including consideration of cost). All options for the collection of this data should be assessed and the most appropriate method of collection selected.	Meets Criteria for all except 5.2.14
Consequential impact	The impact on other data already collected or proposed to collect must be articulated. There should be no adverse effect on the reputation or integrity of the collection. Identify any dependencies on other projects or plans. The impact on time-series data must be quantified. The impact on reports, extracts or automated processes must be quantified.	Meets Criteria for all except 5.2.14

Recommendation

As per table 3.

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	IDA
Summary of proposal	Current data reported for this element is inconsistent, and the data in 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.

Summary of feedback

Feedback from health services indicated that this field was used internally, and that local incident management systems (IMS) would be still required to collect this element if it were removed from the MDS.

Policy and program areas across the department and SCV indicated this element was critical for sourcing information related to code black and grey events, (noting that health services are required to report these codes annually, but the reporting mechanism is yet to be rolled out).

Tally

Supported	34
Supported with comments	21
Not supported	5
Not applicable	0

IDA response

Further discussion with SCV has identified that this field may also have future utility to facilitate collection of data related to MET calls. Given the indication that this information is of potential use to the department, it is suggested that this does not proceed. Additional values requested by health services will be reviewed and added to this item if appropriate for the 2024−25 MDS.

IDA is meeting with SCV and relevant areas of the department to discuss requirements regarding collection of MET call and other code event data, to support the development of appropriate business rules for this field.

Assessment

Category	Considerations	Assessment
Relevance	Data should be within the scope of the collection.	Meets Criteria
Collectability	The data should already be collected by the service. There should be value for the service in collecting the data. Collection of the data should align with normal business processes in the service (i.e., will not place additional burden on health services). It should be legal for the service to collect the data.	Meets Criteria
Applicability	Data is applicable across all in-scope health services. Collection of data must be consistent with Departmental policy.	Meets Criteria

Utility	The information derived from the data can objectively drive quality and safety improvement.	Meets Criteria
Data Quality	There should be a process (i.e., person, unit or organisation identified) to monitor quality. There should be minimal transformation of data required by services to meet reporting requirements.	Meets Criteria
Implementation	It should be technically possible for health services and DH to implement without significant issues (including consideration of cost). All options for the collection of this data should be assessed and the most appropriate method of collection selected.	Meets Criteria
Consequential impact	The impact on other data already collected or proposed to collect must be articulated. There should be no adverse effect on the reputation or integrity of the collection. Identify any dependencies on other projects or plans. The impact on time-series data must be quantified. The impact on reports, extracts or automated processes must be quantified.	Meets Criteria

Recommendations

IDA recommends that the proposal does not proceed.

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	IDA
Summary of proposal	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.

Summary of feedback

Feedback from health services indicated that this field was used internally, and that local systems would be still required to collect this element if was removed from the MDS.

A few health services felt that the Department and SCV would need this for monitoring purposes, such as comparing notifications to SCV against ISR 1 incidents. Workforce Wellbeing indicated that it is useful to identify WorkSafe notifiable events.

Tally

Supported	36
Supported with comments	17
Not supported	6
Not applicable	1

the response

Although health services and policy and program areas note potential uses for this field, this information can be obtained through alternative sources, specifically WorkSafe notifiable events can be identified through the data item *“Is the incident a WorkSafe notifiable event?”,* while sentinel events are notified directly to SCV.

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 not feasible.

Assessment

Category	Considerations	Assessment

Relevance	Data should be within the scope of the collection.	Does Not Meet Criteria
Collectability	The data should already be collected by the service. There should be value for the service in collecting the data. Collection of the data should align with normal business processes in the service (i.e., will not place additional burden on health services). It should be legal for the service to collect the data.	Meets Criteria
Applicability	Data is applicable across all in-scope health services. Collection of data must be consistent with Departmental policy.	Does Not Meet Criteria
Utility	The information derived from the data can objectively drive quality and safety improvement.	Does Not Meet Criteria
Data Quality	There should be a process (i.e., person, unit or organisation identified) to monitor quality. There should be minimal transformation of data required by services to meet reporting requirements.	Does Not Meet Criteria
Implementation	It should be technically possible for health services and DH to implement without significant issues (including consideration of cost). All options for the collection of this data should be assessed and the most appropriate method of collection selected.	Meets Criteria
Consequential impact	The impact on other data already collected or proposed to collect must be articulated. There should be no adverse effect on the reputation or integrity of the collection. Identify any dependencies on other projects or plans. The impact on time-series data must be quantified. The impact on reports, extracts or automated processes must be quantified.	Meets Criteria

Recommendation

IDA recommends that the proposal proceeds.

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	**IDA**
Summary of proposal	Incident management systems (IMS') 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 OH&S and hazard records as these are deemed to be incidents by their nature, i.e., once a record is entered for an OH&S 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[4], 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 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.

Summary of feedback

While there was general support for this change, health service responses highlighted the need for very clear definitions and guidance materials for implementation. Some responses recognised the utility of this field in making an explicit distinction between incidents related to care provided by the service and other events that services would like to be able to record in their IMS.

There were also some requests to change the language in the field name to provide more clarity including requests to return to the earlier language of '*Is this a valid incident?*' The Community and Primary Care branch indicated that the proposed language is not appropriate for community health services and may result in incidents related to DFFH funded activity being excluded as these programs are not considered clinical services.

SCV supported this change, highlighting its utility in combination with the proposed APSE flag, but noted that more work would be required to finalised definitions and code set descriptions. SCV committed to development of an online module to assist with change management at the health service level.

Tally

Supported	26
Supported with comments	26
Not supported	7
Not applicable	1

[4] 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

IDA response

It had been intended that records that are not flagged as clinical incident would not be reported to the Department, however further exploration of requirements for collection of MET call data with SCV have identified that to receive all MET call data, including events not meeting the definition of a clinical incident, all records will need to be transmitted.

Business rules will be updated to require all records be transmitted, regardless of the clinical incident flag. Only records identified as clinical incident will be included in VHIMS reports. Other records may be used for future data collections.

Assessment

Category	Considerations	Assessment
Relevance	Data should be within the scope of the collection.	Meets Criteria
Collectability	The data should already be collected by the service. There should be value for the service in collecting the data. Collection of the data should align with normal business processes in the service (i.e., will not place additional burden on health services). It should be legal for the service to collect the data.	Meets Criteria
Applicability	Data is applicable across all in-scope health services. Collection of data must be consistent with Departmental policy.	Meets Criteria
Utility	The information derived from the data can objectively drive quality and safety improvement.	Meets Criteria
Data Quality	There should be a process (i.e., person, unit or organisation identified) to monitor quality. There should be minimal transformation of data required by services to meet reporting requirements.	Meets Criteria
Implementation	It should be technically possible for health services and DH to implement without significant issues (including consideration of cost). All options for the collection of this data should be assessed and the most appropriate method of collection selected.	Meets Criteria
Consequential impact	The impact on other data already collected or proposed to collect must be articulated. There should be no adverse effect on the reputation or integrity of the collection. Identify any dependencies on other projects or plans. The impact on time-series data must be quantified. The impact on reports, extracts or automated processes must be quantified.	Meets Criteria

Recommendations

IDA recommends that the proposal proceeds with amendments.

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	IDA
Summary of proposal	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, 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[5] 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.

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).

Summary of feedback

Responses to this field indicated that not all health services had understood the intention of the change, highlighting the need for clear definitions and guidance documents to be developed.

Several responses indicated the need to change the field name as the proposed name is not terminology used by all service types.

The dependency between proposal 6.2 and 6.3 and the proposed changes to the ISR algorithm was also highlighted, with concerns that health services would no longer be able to use their own judgement in identifying SAPSEs.

Vendors requested that validations only be applied on closure of the incident.

[5] 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

SCV supported this change, highlighting its utility in combination with the proposed Clinical Incident flag, but noted that more work would be required to finalised definitions and code set descriptions. SCV committed to development of an online module to assist with change management at the health service level.

Tally

Supported	33
Supported with comments	17
Not supported	7
Not applicable	3

IDA response

Testing of the ISR algorithm has indicated, success of the new algorithm is dependent on the introduction of this field, as health services consistently reported a desire to downgrade severity as a way of indicating treatment or care provided went as intended and as expected.

The reporting of this flag will be for clinical incidents only but will ensure that the definition encompasses both clinical incidents covered by the APSE policy and client/resident incidents that occur in other health care settings not covered by the APSE policy.

Assessment

Category	Considerations	Assessment
Relevance	Data should be within the scope of the collection.	Meets Criteria
Collectability	The data should already be collected by the service. There should be value for the service in collecting the data. Collection of the data should align with normal business processes in the service (i.e., will not place additional burden on health services). It should be legal for the service to collect the data.	Meets Criteria
Applicability	Data is applicable across all in-scope health services. Collection of data must be consistent with Departmental policy.	Meets Criteria
Utility	The information derived from the data can objectively drive quality and safety improvement.	Meets Criteria
Data Quality	There should be a process (i.e., person, unit or organisation identified) to monitor quality. There should be minimal transformation of data required by services to meet reporting requirements.	Meets Criteria
Implementation	It should be technically possible for health services and DH to implement without significant issues (including consideration of cost). All options for the collection of this data should be assessed and the most appropriate method of collection selected.	Meets Criteria
Consequential impact	The impact on other data already collected or proposed to collect must be articulated. There should be no adverse effect on the reputation or integrity of the collection. Identify any dependencies on other projects or plans. The impact on time-series data must be quantified. The impact on reports, extracts or automated processes must be quantified.	Meets Criteria

Recommendation

IDA recommends that the proposal proceeds.

Proposal 6.4 – Remove *Is VMIA notifiable?*

It is proposed to	Remove requirement to report if incident is VMIA notifiable.
Proposed by	IDA
Summary of proposal	This data element is not required for statewide incident management reporting and benchmarking. Health services may continue use of this element for internal purposes, but it will not be required in the VHIMS MDS transmissions.

Summary of feedback

The was a high level of support for this change, with many health services indicating it was of little value for benchmarking and monitoring. All 'Not Supported' comments indicated that this field is required for internal health service use, indicating a lack of understanding that removal from the MDS did not require removal of the field from their local incident management system (IMS)MS.

Tally

Supported	46
Supported with comments	10
Not supported	4
Not applicable	0

IDA response

N/A

Assessment

Category	Considerations	Assessment
Relevance	Data should be within the scope of the collection.	Does Not Meet Criteria
Collectability	The data should already be collected by the service. There should be value for the service in collecting the data. Collection of the data should align with normal business processes in the service (i.e., will not place additional burden on health services). It should be legal for the service to collect the data.	Meets Criteria
Applicability	Data is applicable across all in-scope health services. Collection of data must be consistent with Departmental policy.	Does Not Meet Criteria
Utility	The information derived from the data can objectively drive quality and safety improvement.	Does Not Meet Criteria
Data Quality	There should be a process (i.e., person, unit or organisation identified) to monitor quality. There should be minimal transformation of data required by services to meet reporting requirements.	Meets Criteria

Implementation	It should be technically possible for health services and DH to implement without significant issues (including consideration of cost). All options for the collection of this data should be assessed and the most appropriate method of collection selected.	Meets Criteria
Consequential impact	The impact on other data already collected or proposed to collect must be articulated. There should be no adverse effect on the reputation or integrity of the collection. Identify any dependencies on other projects or plans. The impact on time-series data must be quantified. The impact on reports, extracts or automated processes must be quantified.	Meets Criteria

Recommendation

IDA recommends that the proposal proceeds.

7. Actions

Proposal 7.1 and 7.2 – Remove *Review type* and *Review status*

It is proposed to	Remove requirement to report *Review type* and *Review status.*
Proposed by	IDA
Summary of proposal	Information about the type of review is important for managing incidents locally, however choice of review type and status is largely dependent on organisational policies and procedures and therefore is not required for monitoring or benchmarking.

Summary of feedback

There was strong support for the change. Many health services indicated that they would continue to use these fields internally, and there was a suggestion that removing it from the MDS would allow health services to make changes to the field relevant to their internal purposes.

The Community and Primary Care branch requested the retention of this field as it is used in Critical Incident Response Pathway in community health.

There was a stated assumption across several responses that the department would be interested in what type of review was undertaken for serious incidents and removing it from the MDS would remove the opportunity to improve processes.

Tally

Supported	43
Supported with comments	10
Not supported	7
Not applicable	0

IDA response

Given the indication that this information is of potential use to the department, it is suggested that this does not proceed in the current change process and is re-evaluated ahead of next annual changes period.

Assessment

Category	Considerations	Assessment
Relevance	Data should be within the scope of the collection.	Meets Criteria
Collectability	The data should already be collected by the service. There should be value for the service in collecting the data. Collection of the data should align with normal business processes in the service (i.e., will not place additional burden on health services). It should be legal for the service to collect the data.	Meets Criteria
Applicability	Data is applicable across all in-scope health services. Collection of data must be consistent with Departmental policy.	Meets Criteria
Utility	The information derived from the data can objectively drive quality and safety improvement.	Meets Criteria

Data Quality	There should be a process (i.e., person, unit or organisation identified) to monitor quality. There should be minimal transformation of data required by services to meet reporting requirements.	Meets Criteria
Implementation	It should be technically possible for health services and DH to implement without significant issues (including consideration of cost). All options for the collection of this data should be assessed and the most appropriate method of collection selected.	Meets Criteria
Consequential impact	The impact on other data already collected or proposed to collect must be articulated. There should be no adverse effect on the reputation or integrity of the collection. Identify any dependencies on other projects or plans. The impact on time-series data must be quantified. The impact on reports, extracts or automated processes must be quantified.	Meets Criteria

Recommendation

IDA recommends that the proposal is deferred.

8. Additional Data Elements – Clinical only

Proposal 8.1 and 8.2 − Amend the *Gender* element to *Sex* and add a new *Gender* element

It is proposed to	1. Amend the name of the element to *Sex* and change the available options to align with the administrative collection of 'sex.' 2. Add a new *Gender* element to enable health services to capture the gender of an affected person for clinical incidents.
Proposed by	IDA
Summary of proposal	1. The current element called Gender, includes a code set related to sex. The descriptions for the values in this newly named Sex element will be changed to align with the department's administrative collections. 2. 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*.

Summary of feedback

While most health services supported this proposal, practical issues were noted that will make this change difficult to implement at this time. These include the fields not being available within patient administration systems, a lack of consensus on the code set, and the existence of multiple electronic medical record systems across organisations. Some responses questioned whether gender was pertinent to review and management of incidents, while others suggested consultation with the LGBTIQ+ community was necessary to better understand and develop the code set for this field. Feedback also noted that *Sex at Birth* was more appropriate than *Sex* as an option.

Tally

Supported	43
Supported with comments	10
Not supported	7
Not applicable	0

IDA response

Further consultation to understand the implementation of the collection of gender for administrative collections indicate there have been technical issues and delays particularly regarding upgrading of patient administration systems across the sector. It is recommended the introduction of gender in to the VHIMS MDS is deferred until there is consistent and stable collection within administrative data collections. IDA will consider if the current gender field should be renamed "Sex" to better reflect current data capture.

The implementation of *Sex at Birth* has been delayed in the department's administrative collections. IDA will defer implementation in VHIMS until all health services have included the field into their patient administration systems.

Assessment

Category	Considerations	Assessment
Relevance	Data should be within the scope of the collection.	Meets Criteria
Collectability	The data should already be collected by the service. There should be value for the service in collecting the data. Collection of the data should align with normal business processes in the service (i.e., will not place additional burden on health services). It should be legal for the service to collect the data.	Does Not Meet Criteria
Applicability	Data is applicable across all in-scope health services. Collection of data must be consistent with Departmental policy.	Meets Criteria
Utility	The information derived from the data can objectively drive quality and safety improvement.	Meets Criteria
Data Quality	There should be a process (i.e., person, unit or organisation identified) to monitor quality. There should be minimal transformation of data required by services to meet reporting requirements.	Not Applicable
Implementation	It should be technically possible for health services and DH to implement without significant issues (including consideration of cost). All options for the collection of this data should be assessed and the most appropriate method of collection selected.	Does Not Meet Criteria
Consequential impact	The impact on other data already collected or proposed to collect must be articulated. There should be no adverse effect on the reputation or integrity of the collection. Identify any dependencies on other projects or plans. The impact on time-series data must be quantified. The impact on reports, extracts or automated processes must be quantified.	Meets Criteria

Recommendation

IDA recommends that the proposal is deferred.

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 IDA

Summary of proposal 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 (OCP)
- 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.

Summary of feedback

This proposal was presented with limited information as the review of the ISR was still underway at the time of the release of the proposals. As a result, many responses requested further information and/or provided suggestions for consideration in development of the ISR, including.

- alignment with requirements of relevant legislation and with inter-jurisdictional requirements
- addition of a ISR 5 for near-miss incidents.
- review of the impact of transfers on severity
- ability to differentiate between expected and unexpected harm
- development of clear definitions, business rules and guidance materials to support change.

Several health services also requested involvement in the development of the ISR.

Tally

Supported	31
Supported with comments	18
Not supported	9
Not applicable	2

IDA response

Concerns raised in the consultation have been considered and/or addressed during the ISR algorithm development, which has included extensive testing with SCV, relevant areas of the department and health services.

SCV, Office of Chief Psychiatrist and Community and Primary Care branch have been regularly consulted in the development of the new ISR algorithm and have reviewed and endorsed the proposed model, pending further refinement of definitions, particularly in relation to “moderate harm”.

IDA and SCV are partnering to develop a new training model that will outline and explain changes to ISR, and new clinical incident and APSE flag fields.

The ISR algorithm is included at Appendix 4.

Assessment

Category	Considerations	Assessment
Relevance	Data should be within the scope of the collection.	Meets Criteria
Collectability	The data should already be collected by the service There should be value for the service in collecting the data. Collection of the data should align with normal business processes in the service (i.e., will not place additional burden on health services). It should be legal for the service to collect the data.	Meets Criteria
Applicability	Data is applicable across all in-scope health services. Collection of data must be consistent with Departmental policy.	Meets Criteria
Utility	The information derived from the data can objectively drive quality and safety improvement.	Meets Criteria
Data Quality	There should be a process (i.e., person, unit or organisation identified) to monitor quality. There should be minimal transformation of data required by services to meet reporting requirements.	Meets Criteria
Implementation	It should be technically possible for health services and DH to implement without significant issues (including consideration of cost). All options for the collection of this data should be assessed and the most appropriate method of collection selected.	Meets Criteria
Consequential impact	The impact on other data already collected or proposed to collect must be articulated. There should be no adverse effect on the reputation or integrity of the collection. Identify any dependencies on other projects or plans. The impact on time-series data must be quantified. The impact on reports, extracts or automated processes must be quantified.	Meets Criteria

Recommendation

IDA recommends that the proposal proceeds.

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 IDA

Summary of proposal 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.

Summary of feedback

There was general agreement with the changes requested, however there were some additional requests and changes to the proposed list.

Tally

Supported	30
Supported with comments	26
Not supported	2
Not applicable	1

IDA response

IDA will investigate suggested additions to ensure that the code set meets user requirements.

Assessment

Category	Considerations	Assessment
Relevance	Data should be within the scope of the collection.	Meets Criteria
Collectability	The data should already be collected by the service. There should be value for the service in collecting the data. Collection of the data should align with normal business processes in the service (i.e., will not place additional burden on health services). It should be legal for the service to collect the data.	Meets Criteria
Applicability	Data is applicable across all in-scope health services. Collection of data must be consistent with Departmental policy.	Meets Criteria
Utility	The information derived from the data can objectively drive quality and safety improvement.	Meets Criteria
Data Quality	There should be a process (i.e., person, unit or organisation identified) to monitor quality. There should be minimal transformation of data required by services to meet reporting requirements.	Meets Criteria
Implementation	It should be technically possible for health services and DH to implement without significant issues (including consideration of cost). All options for the collection of this data should be assessed and the most appropriate method of collection selected.	Meets Criteria
Consequential impact	The impact on other data already collected or proposed to collect must be articulated. There should be no adverse effect on the reputation or integrity of the collection. Identify any dependencies on other projects or plans. The impact on time-series data must be quantified. The impact on reports, extracts or automated processes must be quantified.	Meets Criteria

Recommendation

IDA recommends that the proposal proceeds.

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	IDA
Summary of proposal	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.

Summary of feedback

Most responses supported the removal of the *Related National Safety and Quality Health Service standard* field. Many organisations highlighted that they would continue to use this field internally and noted the need for additional standards and sub-standards to be included.

Tally

Supported	47
Supported with comments	10
Not supported	1
Not applicable	2

IDA Response

The removal of this field from the MDS renders the addition of other standards a decision for health services and vendors. These requests are functional IMS questions that health services will need to work through with their vendor if this element is removed from the MDS. It should be noted that the department will need to consider requests made by VHIMS CS users.

Assessment

Category	Considerations	Assessment
Relevance	Data should be within the scope of the collection.	Does Not Meet Criteria
Collectability	The data should already be collected by the service. There should be value for the service in collecting the data. Collection of the data should align with normal business processes in the service (i.e., will not place additional burden on health services). It should be legal for the service to collect the data.	Meets Criteria
Applicability	Data is applicable across all in-scope health services. Collection of data must be consistent with Departmental policy.	Does Not Meet Criteria
Utility	The information derived from the data can objectively drive quality and safety improvement.	Does Not Meet Criteria

Data Quality	There should be a process (i.e., person, unit or organisation identified) to monitor quality. There should be minimal transformation of data required by services to meet reporting requirements.	Meets Criteria
Implementation	It should be technically possible for health services and DH to implement without significant issues (including consideration of cost). All options for the collection of this data should be assessed and the most appropriate method of collection selected.	Meets Criteria
Consequential impact	The impact on other data already collected or proposed to collect must be articulated. There should be no adverse effect on the reputation or integrity of the collection. Identify any dependencies on other projects or plans. The impact on time-series data must be quantified. The impact on reports, extracts or automated processes must be quantified.	Meets Criteria

Recommendation

IDA recommends that the proposal proceeds.

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	IDA
Summary of proposal	Since the introduction of the SCV Sentinel Event Portal, health services have used this process to report sentinel events to S**CV** 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). 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,

Summary of feedback

Sentinel events are only reported by acute health services, as a result many community health respondents suggested this field as not relevant to their organisation. One respondent suggested that most sentinel events were categorised as other, and that removal of the free text would mean losing detail of what occurred.

Tally

Supported	41
Supported with comments	16
Not supported	2
Not applicable	1

IDA Response

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,

Assessment

Category	Considerations	Assessment
Relevance	Data should be within the scope of the collection.	Meets Criteria
Collectability	The data should already be collected by the service. There should be value for the service in collecting the data. Collection of the data should align with normal business processes in the service (i.e., will not place additional burden on health services). It should be legal for the service to collect the data.	Meets Criteria
Applicability	Data is applicable across all in-scope health services. Collection of data must be consistent with Departmental policy.	Meets Criteria
Utility	The information derived from the data can objectively drive quality and safety improvement.	Meets Criteria
Data Quality	There should be a process (i.e., person, unit or organisation identified) to monitor quality. There should be minimal transformation of data required by services to meet reporting requirements.	Meets Criteria
Implementation	It should be technically possible for health services and DH to implement without significant issues (including consideration of cost). All options for the collection of this data should be assessed and the most appropriate method of collection selected.	Meets Criteria
Consequential impact	The impact on other data already collected or proposed to collect must be articulated. There should be no adverse effect on the reputation or integrity of the collection. Identify any dependencies on other projects or plans. The impact on time-series data must be quantified. The impact on reports, extracts or automated processes must be quantified.	Meets Criteria

Recommendation

IDA recommends that the proposal proceeds.

Proposal 8.7 – Add *Indigenous status*

It is proposed to Include *Indigenous status* as a data element in the VHIMS MDS.

	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.
Proposed by	IDA
Summary of proposal	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.

Summary of feedback

Many health services supported the intention of this change, with responses indicating this information would be beneficial to incidents management within a health service.

However, several health services expressed concern regarding this change due to their incident management system not being linked to their patient administration system and thereby increasing the reporting burden. Health services that had a linked PAS identified the consequential impact of having to update the feed from their PAS to their IMS.

There was a request for additional information about the purpose of collecting this element including code set definitions and a "not identified option".

There was also a response that did not support the proposal because they suggested this information is already provided to the department in other collections and therefore should be linked.

Tally

Supported	50
Supported with comments	6
Not supported	1
Not applicable	3

IDA response

Both the code set definitions and a "not identified" option were included as part of the proposal for change. The inclusion of this information is important to assist in the department's efforts ensuring equity of service provision and is currently collected in the patient administration collections.

Assessment

Category	Considerations	Assessment
Relevance	Data should be within the scope of the collection.	Meets Criteria
Collectability	The data should already be collected by the service. There should be value for the service in collecting the data. Collection of the data should align with normal business processes in the service (i.e., will not place additional burden on health services). It should be legal for the service to collect the data.	Meets Criteria
Applicability	Data is applicable across all in-scope health services. Collection of data must be consistent with Departmental policy.	Meets Criteria

Utility	The information derived from the data can objectively drive quality and safety improvement.	Meets Criteria
Data Quality	There should be a process (i.e., person, unit or organisation identified) to monitor quality. There should be minimal transformation of data required by services to meet reporting requirements.	Meets Criteria
Implementation	It should be technically possible for health services and DH to implement without significant issues (including consideration of cost). All options for the collection of this data should be assessed and the most appropriate method of collection selected.	Meets Criteria
Consequential impact	The impact on other data already collected or proposed to collect must be articulated. There should be no adverse effect on the reputation or integrity of the collection. Identify any dependencies on other projects or plans. The impact on time-series data must be quantified. The impact on reports, extracts or automated processes must be quantified.	Meets Criteria

Recommendation

IDA recommends that the proposal proceed.

Proposal 8.8 – Add *Preferred language*

It is proposed to	Include *Preferred language* as a data element in the VHIMS MDS**.**
Proposed by	IDA
Summary of proposal	Health services have requested this additional data element to be reported for all clinical incidents to assist with demographic analysis. The new data element reporting 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.

Summary of feedback

This proposal received mixed feedback, with comments about the difficulty of implementation and the value of this data.

Respondents expressed concerns about the increase in data entry burden, particularly for those services where their incident management system does not pull data directly from their patient administration system. Some health services indicated that this data element was not collected at their organisation, or that it is an adjunct to a '*Is an interpreter required'* and only collected if the answer is '*yes'.*

Some responses suggested that preferred language is not a good proxy for cultural diversity, others requested additional languages be added to the code set. One response suggested this be collected as a contributing factor.

Tally

Supported	30
Supported with comments	14
Not supported	13

Not applicable	2
No comment provided*	1

*Most responses were provided an online form; however, one response was received in a word version. This form did not have the *Add Preferred Language* question included.

IDA response

Concerns regarding the implementation and value of this field indicate that further consideration of how best identify incidents in culturally and linguistically diverse populations is needed.

Assessment

Category	Considerations	Assessment
Relevance	Data should be within the scope of the collection.	Meets Criteria
Collectability	The data should already be collected by the service. There should be value for the service in collecting the data. Collection of the data should align with normal business processes in the service (i.e., will not place additional burden on health services). It should be legal for the service to collect the data.	Does Not Meet Criteria
Applicability	Data is applicable across all in-scope health services. Collection of data must be consistent with Departmental policy.	Meets Criteria
Utility	The information derived from the data can objectively drive quality and safety improvement.	Does Not Meet Criteria
Data Quality	There should be a process (i.e., person, unit or organisation identified) to monitor quality. There should be minimal transformation of data required by services to meet reporting requirements.	Does Not Meet Criteria
Implementation	It should be technically possible for health services and DH to implement without significant issues (including consideration of cost). All options for the collection of this data should be assessed and the most appropriate method of collection selected.	Does Not Meet Criteria
Consequential impact	The impact on other data already collected or proposed to collect must be articulated. There should be no adverse effect on the reputation or integrity of the collection. Identify any dependencies on other projects or plans. The impact on time-series data must be quantified. The impact on reports, extracts or automated processes must be quantified.	Meets Criteria

Recommendation

IDA recommends that the proposal does not proceed.

9. Deferred and Future Proposals

Proposal 9.1 – Statutory Duty of Candour reporting

It is proposed to	Defer the inclusion of Statutory Duty of Candour (SDC) requirements in the VHIMS MDS. Decisions about SDC reporting will be delayed until the 2025−26 review and annual change process. In the intervening 12 months IDA will be working with SCV to ensure that VHIMS MDS is enhanced to align with the requirements of SDC reporting.
Proposed by	SCV
Summary of proposal	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. 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.

Summary of feedback

Overall, respondents saw value in this proposed change as a mechanism to reduce duplication of reporting. A few health services indicated that they were not in scope for Statutory Duty of Candour, or that SDC was a duplication of Open Disclosure.

Health services requested further information about the proposed change, including clear definitions and information about scope.

Tally

N/A

IDA response

This proposal will be dependent on the successful implementation of changes to Campus and ISR and will be considered in the next annual changes process. A future proposal for change will include further information about scope and definitions.

Assessment

N/A

Recommendation

IDA recommends that the proposal is deferred.

Proposal 9.2 – Remove *Brief summary*

It is proposed to	No change to current process. Decisions about inclusion/removal of the *Brief summary* element will be delayed until the 2025−26 review and annual change process.
Proposed by	IDA
Summary of proposal	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. 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 IDA, SCV 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*, IDA will update the current Privacy Impact Assessment and work with health services to address potential privacy issues.

Summary of feedback

There was mixed feedback about the potential future removal of the *Brief summary* field. Health services supported the status quo (field transmitted as N/A) or removal due to the burden of deidentifying the field prior to transmission.

SCV acknowledged the challenges with transmitting this field due to burden of ensuring that there is no identifying information included but requested that this field is maintained as an MDS element. SCV would like work to continue in finding a solution to the identifying information problem. The Community Primary care branch also requested this field is reinstated as it enables the Critical Incident Notification Pathway reporting to integrate with VHIMS.

Tally

N/A

IDA response

Further consultation with SCV and other policy areas in the department is needed to understand utility of this field, If the decision is made to reinstate the requirement to report the full *Brief summary*, IDA will update the current Privacy Impact Assessment and work with health services to address potential privacy issues.

Assessment

N/A

Recommendation

IDA recommends that the proposal deferred.

Proposal 9.3 – Remove *Details*

It is proposed to	No change to current process. Decisions about inclusion/removal of the Details element will be delayed until the 2025−26 review and annual change process
Proposed by	**IDA**
Summary of proposal	From 1 July 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. 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 IDA, SCV and 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*, the Department will update the current Privacy Impact Assessment and work with health services to address potential privacy issues.

Summary of feedback

There was mixed feedback about the potential future removal of the *Details* field. Health services supported the status quo (field transmitted as N/A) or removal due to the burden of deidentifying the field prior to transmission. SCV acknowledged the challenges with transmitting this field due to burden of ensuring that there is no identifying information included but requested that this field is maintained as an MDS element. SCV would like work to continue in finding a solution to the identifying information problem.

Tally

N/A

IDA response

Further consultation with SCV is needed to understand utility of this field, If the decision is made to reinstate the requirement to report *Details*, IDA will update the current Privacy Impact Assessment and work with health services to address potential privacy issues.

Assessment

N/A

Recommendation

IDA recommends that the proposal is deferred.

Next Steps

Following endorsement of the VHIMS project board, implementation of the VHIMS MDS 2024−25 will involve:

- Needs analysis and requirements gathering to understand required technical changes and develop the VHIMS MDS 2024−25 Technical Specification.
- Consultation with vendors to support implementation of local system updates and facilitate end-to end system testing.
- Development of the VHIMS MDS 2024−25 data manual, including consultation with SCV, departmental and program areas and health services to establish business rules and data definition to support improved data quality.
- Development of change management support, including guidelines, training, and forums to support implementation of changes across health services.

Appendix 1 Proposal Feedback

NOT PUBLISHED

Appendix 2 Proposed List of Wards

Code	Descriptor	Code	Descriptor
xx	Accommodation services	xx	Procedure Room/Area
xx	Activities area	xx	Resident/Client room
xx	Administration/Reception Area	xx	Staff Areas
xx	Birth Suite	xx	Staff Home - Work From Home
xx	Cardiac Catheterisation Laboratory	xx	Sterilisation/Central Sterile Services Department
xx	Clinic/Consulting Room	xx	Supply Room/Storeroom/ Equipment Room
xx	Community care location	xx	Support services - kitchen
xx	Corporate areas (including offices)	xx	Support services - on site/general
xx	Courts	xx	Support services - laboratory, scientific areas
xx	Dialysis	xx	Theatre - Operating Suites
xx	Discharge Lounge/Transit Lounge	xx	Theatre - Recovery
xx	Education/Simulation Centre	xx	Theatre - Admissions
xx	Emergency Department	xx	Therapy Area - including Gyms and Pools
xx	Emergency Department - Mental Health Area	xx	Transport - Ambulance (in transit)
xx	Emergency Department - Resuscitation/Trauma	xx	Transport - Ambulance Bay
xx	Emergency Department - Short Stay	xx	Transport - delivery/loading dock areas
xx	Emergency Department - Waiting Room/Triage	xx	Transport - fleet vehicle
xx	Engineering areas incl Workshop	xx	Transport - medical transport
xx	Medical Imaging and Radiation Areas	xx	Transport - other
xx	Mortuary	xx	Transport - volunteer services vehicle
xx	On campus - carpark	xx	Waiting Room
xx	On campus - public area (inside)	xx	Ward - Acute/General
xx	On campus - public space/associated grounds	xx	Ward - Coronary Care Unit
xx	Organisation wide	xx	Ward - High Dependency

xx	Other	xx	Ward - Intensive Care
xx	Offsite - Outreach location other than home	xx	Ward - Neonatal Intensive Care Unit/Special Care Nursery
xx	Offsite - Private Home (Patient, Client, Consumer)	xx	Ward - Same day unit
xx	Pharmacy	xx	Ward - Secure unit
xx	Primary Care - GP/Primary Care Clinic	xx	Ward - Subacute/Rehabilitation
xx	Primary Care - Urgent Care Centre	xx	Ward - Palliative Care/Hospice
xx	Prison/remand centre		

xx = has been used to represent a code will be assigned

Appendix 3 Proposed List of Specialty Units

Code	Descriptor	*Code*	Descriptor
xx	Aboriginal Health	xx	Nursing Services - Acute
xx	Corporate services	xx	Nursing Services - Community
xx	Alcohol, & Other Drugs	xx	Obstetric/Gynaecology
	Allergy - refer Immunology	xx	Obstetric/Maternity
xx	Allied Health	xx	Oncology - Medical
xx	Ambulance & Paramedicine	xx	Oncology - Radiation
xx	Anaesthetics	xx	Oncology - Surgical
xx	Birth & Maternity Services	xx	Ophthalmology
xx	Cardio Thoracic Surgical	xx	Orthopaedic
xx	Cardiology	xx	Other Specialty/Unit
xx	Corrective Services	xx	Outreach Program
	Counselling - see Psychology & Counselling	xx	Paediatrics & Adolescent
xx	Custodial Service	xx	Pain
xx	Dentistry/Oral Health	xx	Palliative Care
xx	Dermatology	xx	Pathology
xx	Diabetes Education	xx	Pharmacology & Toxicology
xx	Disability Services	xx	Pharmacy
xx	Ear Nose and Throat	xx	Plastic/Reconstructive Surgery/Burns

xx	Early Childhood/Parenting Services	xx	Preadmission services & Perioperative Care
xx	Emergency Medicine	xx	Psychology & Counselling
xx	Endocrinology and Diabetes	xx	Public Health Medicine
xx	Endoscopy	xx	Research
xx	External organisation	xx	Rehabilitation
xx	Gastroenterology	xx	Renal/Nephrology including Dialysis services
xx	Gender Services	xx	Reproductive medicine & family planning
xx	General Medical	xx	Research & Clinical Trials
xx	General Practice/Primary Care	xx	Residential Aged Care Service
xx	General Surgical	xx	Residential In Reach services
xx	Genetics	xx	Respiratory & Sleep Medicine
xx	Geriatrics	xx	Respite
xx	Gynaecology - Medical	xx	Rheumatology
xx	Gynaecology - Oncology	xx	Spinal Injuries
xx	Gynaecology - Surgical	xx	Sterilisation Services
xx	Haematology	xx	Stroke Unit
xx	Head and Neck Surgery	xx	Support Services /Non-clinical services
xx	Health Independence Program- HARP, SACS, Post Acute Care	xx	Transition Care Program
xx	Health Promotion	xx	Transplantation Unit - Bone
xx	HIV and Sexual health	xx	Transplantation Unit - Bone Marrow
xx	Hospital in the Home	xx	Transplantation Unit - Heart/Lung
xx	Hyperbaric	xx	Transplantation Unit - Liver
xx	Imaging & Radiology	xx	Transplantation Unit - Pancreas
xx	Immunology	xx	Transplantation Unit - Renal
xx	Infectious Diseases	xx	Trauma
xx	Intensive Care	xx	Urgent care

xx	Justice Health	xx	Urology
xx	Liaison services	xx	Vascular
xx	Long Term Ventilation Services	xx	Volunteer services
xx	Maxillofacial	Community Health Specific codes/descriptors:	
xx	Medical/surgical combined specialty	xx	CH Activity - Autism Assessment
xx	Mental Health - Acquired Brain Damage Unit	xx	CH Activity - Bush Nursing Centres
xx	Mental Health - Adult Acute Unit	xx	CH Activity - Community Asthma Program
xx	Mental Health - Adult Community	xx	CH Activity - Community Health
xx	Mental Health - Adult Residential	xx	CH Activity - Family and Reproductive Rights Education Program (FARREP)
xx	Mental Health - Adult Residential including PARC	xx	CH Activity - Family Planning (all)
xx	Mental Health - Child Acute Unit	xx	CH Activity - Healthy Mothers Healthy Babies
xx	Mental Health - Child Acute Unit in Paediatric Ward	xx	CH Activity - Infant Child and Family Health and Wellbeing Hubs
xx	Mental Health - Child Community	xx	CH Activity - Innovative Health Service for Homeless Youth
xx	Mental health - Dual Diagnosis Unit	xx	CH Activity - Integrated Chronic Disease Management
xx	Mental Health - Forensic Acute	xx	CH Activity - Language services
xx	Mental Health - Forensic Sub-Acute	xx	CH Activity - Multi Disciplinary Care (MDC) Community Health Nurse
xx	Mental Health - Forensic Rehab	xx	CH Activity - Putting Families First
xx	Mental Health - Forensic Assessment	xx	CH Activity - Refugees and Asylum Seeker Services
xx	Mental Health - Forensic Outpatients	xx	CH Activity - Small Rural, Primary Health Flexible Services
xx	Mental Health - Forensic Community	NA	CH Mental Health; refer 'Mental Health' prefix
xx	Mental health - High Security Unit	xx	Commonwealth Home Support Programme (CHSP)

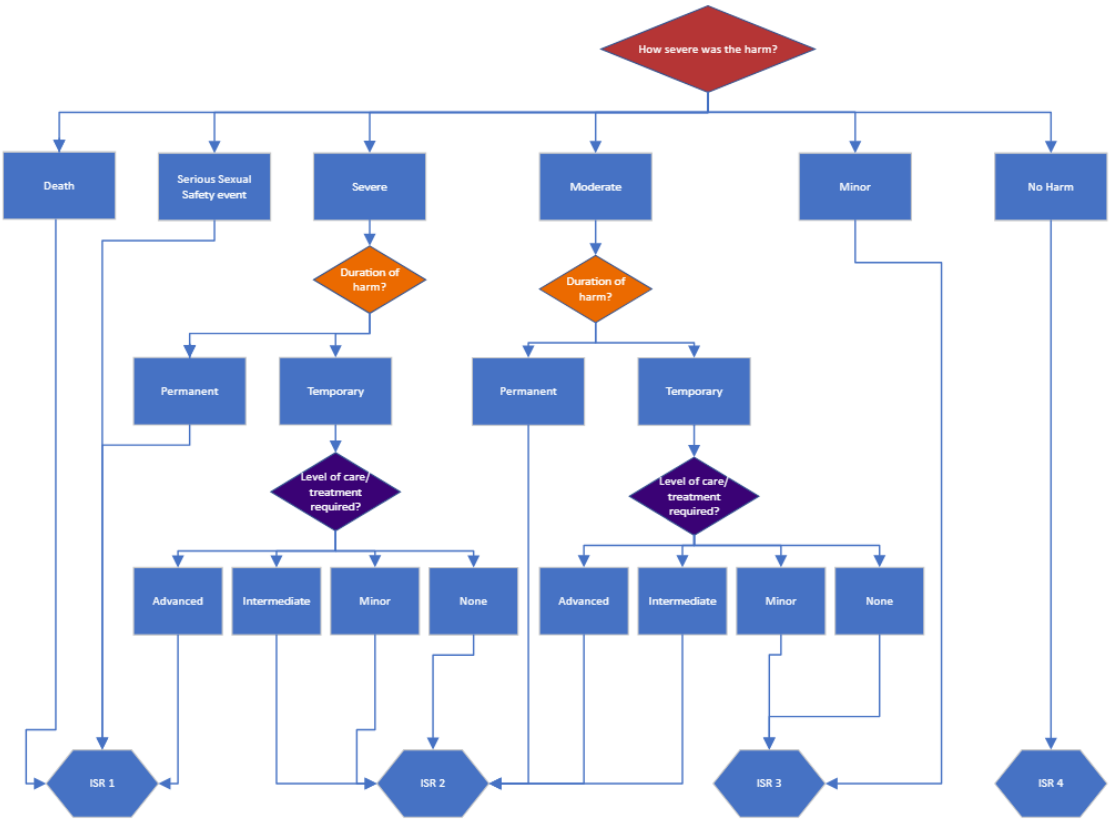
xx	Mental Health - Older Adult/Aged Community	NA	Community Nursing Service; refer Nursing prefix
xx	Mental Health - Older Adult/Aged Residential	xx	Community supports
xx	Mental Health - Older Persons Unit	xx	HACC-PYP – Access and Support
xx	Mental Health - Older Persons - Acute	xx	HACC-PYP – ACCO Services
xx	Mental health - Secure Unit	xx	HACC-PYP – Allied Health
xx	Mental health - Special Care Suite	xx	HACC-PYP – Assessment
xx	Mental health - Treatment Rehab Unit	xx	HACC-PYP – Community Care
xx	Mental Health - Youth Acute Unit	xx	HACC-PYP – Delivered Meals
xx	Mental Health - Youth Acute Unit in Adult Ward	xx	HACC-PYP – Flexible Service Response
xx	Mental Health - Youth Residential including YPARC	xx	HACC-PYP – Linkages Packages
xx	Mental Health - Youth/adolescent Community	xx	HACC-PYP – Nursing
xx	Neonatology	xx	HACC-PYP – Planned Activity Group
xx	Neurology	xx	HACC-PYP - Small Rural
xx	Neurosurgery	xx	Home Care Packages (HCP)

xx = has been used to represent a code will be assigned

Appendix 4 Proposed Incident Severity Rating (ISR) Algorithm

Current Element	Current Values		Proposed Element	Proposed Values
Level of Harm	Death Harm – Permanent Harm – Temporary (Moderate) Harm – Temporary (Minor) No Harm – Did reach the person No Harm – Did not reach the person		Level of Harm	Death Serious Sexual Safety Event Severe Moderate Minor No harm
Level of Care	External transfer for advanced/specialised care Internal transfer for advanced/specialised care Internal/external transfer for diagnostic test or monitoring only Current setting – Increased observations or monitoring Current setting – No change		Duration of Harm	Permanent Temporary
Level of Treatment	Advanced treatment Intermediate treatment Minor treatment No treatment		Level of Treatment/Care	Advanced Intermediate Minor No treatment/care

Proposed logic


How severe was the harm?
Death
Serious Sexual Safety event
Severe
Moderate
Minor
No Harm
Duration of harm?
Duration of harm?
Permanent
Temporary
Permanent
Temporary
Level of care/ treatment required?
Level of care/ treatment required?
Advanced
Intermediate
Minor
None
Advanced
Intermediate
Minor
None
ISR 1
ISR 2
ISR 3
ISR 4