

# Victorian Health Incident Management System (VHIMS): data set specification



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## Foreword

The Department of Human Services (the department), is committed to ensuring high-quality safe health care in Victoria. Developing and implementing quality improvement initiatives is a key element of the department's *Better human service quality strategy* ensuring that all Victorians receive the very best health care available.

The Victorian Health Incident Management System (VHIMS) addresses the importance of incident data collection and analysis at a local and statewide level. The VHIMS data set specification is a comprehensive data set that provides health services with a standardised framework for collecting and classifying clinical incidents, occupational health and safety incidents, and consumer feedback information.

The development of the data set specification has been a collaborative effort between the department, health services, the Victorian Managed Insurance Authority, WorkSafe Victoria and the Office of the Health Services Commissioner, working together to ensure the quality and safety of health services for Victorians.



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## **Acknowledgements**

The Department of Human Services would like to thank Victoria's public health services and other stakeholders for their ongoing contribution to the Victorian Health Incident Management System (VHIMS).

The department also acknowledges the project advisory group and the working groups that worked closely with the VHIMS Project Team to develop the data set specification.

## 1.0 Introduction

### Background

The Victorian Health Incident Management System (VHIMS) project was initiated in May 2006, within the Statewide Quality Branch (previously Quality and Safety Branch), Department of Human Services (the department) to explore opportunities for standardising incident reporting practices across Victorian public health services. Research early in the project identified a statewide standardised approach for reporting clinical incident data existed in all other Australian jurisdictions except Victoria. It was also identified there is considerable international work currently taking place on reporting incident data.

The department's Sentinel Event Program captures high-severity clinical incidents reported by health services. Research has shown that while it is important to capture very serious events, it is also important to capture and target quality improvement initiatives for lower severity incidents. This includes near misses, which comprise the bulk of all adverse outcomes in health services and may often be precursors for serious incidents. The Incident Severity Rating (ISR) is defined in the Sentinel Event Program annual report 2006-07 as:

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

The 2005 Auditor General's review of patient safety in public hospitals found that while hospitals are gathering data about clinical incidents locally, the absence of a consistent statewide data set means that it is not possible to collate this information and identify statewide patterns and trends for incidents.

A survey conducted in June 2006 with Victoria's 88 public health services re-validated these findings. While most use a common software product, local customisation of this product and variations in the methodologies and terminologies used make it impossible to get statewide comparative incident data. Almost all district nursing, ambulance, stand alone residential aged care and community health services use different products, terminology and processes from one site to another.

## 1.2 Project objectives

The overall aim of the VHIMS project is to implement a systematic approach for reporting clinical incident, consumer feedback and OH&S data, which will enable statewide multi-level data analysis to support quality improvement initiatives.

The project scope was initially constrained to clinical incidents, but in late August 2007 it was increased to encompass Occupational Health and Safety (OH&S) and consumer feedback, that is, complaints, compliments and enquiries.

The project objectives were updated accordingly:

1. To develop a statewide, standard methodology for the way incident information is reported within publicly funded health services.
2. To implement a mechanism that enables statewide aggregation, analysis and trend analysis of multi-severity clinical incident data by the department.
3. To establish appropriate mechanisms for department representatives and in-scope health services, to evaluate clinical incident data, consumer feedback and OH&S incident data to identify trends and share relevant information to better target quality improvements.
4. To work collaboratively with the office of the Health Services Commissioner (HSC), WorkSafe and the Victorian Managed Insurance Authority (VMIA) to which health services submit incident data, with the aim of streamlining reporting processes to these organisations.

By ensuring each public health service uses the same data set at a local level, the department will be able to collect de-identified, statewide incident data. The VHIMS project represents an opportunity to streamline several current incident reporting systems from health services to the department.

Data collected will be used to gain a more comprehensive understanding of the type, frequency and severity of incidents. It is important to emphasise that contributing and preventative factors will be analysed and lessons learned will be shared. This will ensure that quality improvement initiatives can be better targeted.

## 1.3 Project scope

### Incident types - in scope

All incidents and severity levels:

- Clinical incidents are actions or conditions that could have, or did lead to unintended or unnecessary harm to a person receiving care including adverse events and near misses.
- Consumer feedback—complaints, compliments and enquiries.
- OH&S incidents—staff and other non-patient incidents.
- Hazards and other non-clinical incidents.

### Health services-in scope

All publicly funded health services including:

- 88 public health services and all other health services running under their auspices
- 39 funded (stand-alone) community health services
- Ambulance Victoria, (formerly known as Metropolitan Ambulance Service (MAS), Rural Ambulance Victoria (RAV) and Alexandra District Ambulance Service)
- Royal District Nursing Service (RDN) and Ballarat District Nursing Service and Healthcare
- 14 bush nursing centres
- Forensicare
- 5 public sector incorporated residential aged care services.

### Health services-out of scope

- Private health services
- Non-government organisations.

## **2.0 Data set specification**

### 2.1 Data set specification purpose

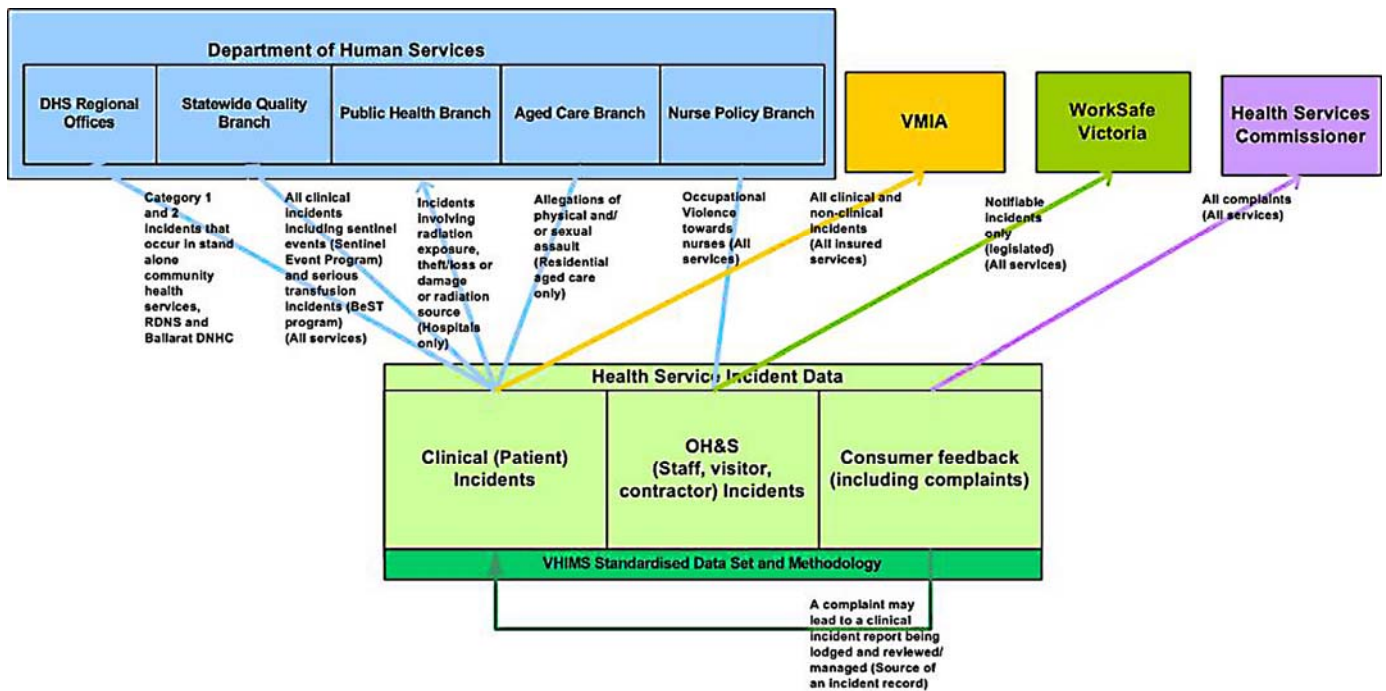
This data set specification formally defines what incident information will be collected through VHIMS and the associated data collection methodology. The data set specification also defines what information should be collected, but is not prescriptive on the system that collects the information. Consequently the data set specification is system independent.

The data set specification was designed to enable the statewide aggregation, analysis and trend analysis of multi-severity incident reports and consumer feedback to enable health services to evaluate incidents, identify trends and share relevant information.

### 2.2 Data set specification scope

The following illustration shows the incident information collected at health services for local reporting and the incident information flows to the other stakeholders for statewide reporting.

The VHIMS data set was specifically designed to cater for the slightly different requirements of the five key stakeholders, those being, health services, the department, VMIA, WorkSafe and the Health Services Commissioner (HSC).



The data set specification includes definitions of all the data elements to be collected and the relationships between data elements. It also defines the appropriate usage of each data element and the desirability of collecting the data element to the stakeholders who are recipients of VHIMS data.

## 2.3 Data set specification evolution

The data set specification was developed in several distinct phases:

- October 2006-August 2007

Version 1 of the data set specification was developed to define the requirements for reporting clinical incidents. This version was based on the World Health Organization's International Classification for Patient Safety (ICPS) and several other national and international reference sources (see 1.1 Background). It was refined in consultation with a diverse range of stakeholders representing Victorian health services, the department, VMIA and WorkSafe.

- August 2007-December 2007

Version 2.0 of the data set specification was developed to include the requirements for reporting OH&S incidents and consumer feedback. The previous version was expanded in consultation with Victorian health services, the department, HSC, VMIA and WorkSafe. OH&S and consumer feedback working groups were established to undertake this activity.

It is envisaged that the VHIMS data set specification will be reviewed and updated on an annual basis, based on stakeholder feedback. Any new requirements, including incorporating other data sets into the data set specification will be subject to a data governance review and endorsement process within the department.

## 2.4 Data set specification validation

The following validation activities have taken place:

- March 2007

A prototype system was developed by Cybermynd, based on a draft version of the data set specification. Members of the Project Advisory Group (PAG) entered incident data into the prototype system to test the VHIMS data set, the VHIMS Incident/Issue Classification Model (ICM) and associated data collection methodology.

- August 2007

Version 1 of the data set specification was formally reviewed and signed off by the PAG and the Project Board.

- August 2007-December 2007

The ICM and ISR in version 1.0 of the data set specification were tested by seven health services. The feedback from the pilot testing was integrated into version 2.0 of the data set specification.

- January 2008

Version 2.0 of the data set specification was formally reviewed by the VHIMS Project Team, PAG and working groups. Recommended changes were incorporated into version 2.0.

- February-April 2008

The updated ICM and ISR incorporating OH&S incidents and consumer feedback was pilot tested by eight health services to ensure the models were robust and appropriate. The feedback was integrated in version 2.1 of the data set specification by the VHIMS project team.

Key reports were designed during this period and reviewed in consultation with participating stakeholders. The reports will validate the relevance of the information in the data set specification.

- June 2008

The data set specification was reviewed and signed off by the PAG, the project Quality Assurance (QA) group and the Project Board.

## 2.5 Data set specification status

One activity remains outstanding:

- Finalisation on key code sets and the ICM following VHIMS system pilot scheduled prior to the proposed state wide implementation.

## 2.6 Document structure

### Chapter 3: data set design

An outline of how the data elements fit together is contained in this overview of the data set.

### Chapter 4: data elements

The following is documented for each data element:

Definition: The meaning of the data element.

Purpose: The reason for collecting the data element.

METeOR identifier: METeOR is a national online metadata registry. Where possible, each data element is linked to its equivalent or 'best-fit' METeOR data element and value domain. This facilitates identification of the appropriate standard for each data element.

See <http://meteor.aihw.gov.au/> for more information.

Code set: A user selects one or more values from the list shown in the 'look up' table.

Applicable for: A definition of the incidents or consumer feedback that collect specific data elements.

Required by: Each stakeholder getting VHIMS data specifies the importance they attach to collecting each data element.

The VHIMS data set provides health services with a standardised methodology for reporting incidents and consumer feedback at a local level.

Depending on the type of incident, some incidents will also be made available to third parties:

- Clinical and non-clinical/non-OH&S incidents are required to be reported to the department where, depending on the type of incident, different program areas will be notified as per current reporting requirements.  
For example: Serious transfusion incidents involving blood and/or blood products are reported to the Blood Matters Program.
- OH&S incidents that are 'notifiable' incidents must be submitted to WorkSafe. Incidents involving occupational violence or bullying towards nursing staff are required to be reported to the department's Nurse Policy Branch (NPB).
- Complaints must be transferred to the HSC.

Each data element in the data set specification is classified into one of seven categories. They specify how critical the collection of the data element is to the recipient stakeholder.

- Not specified: The data element is irrelevant for the recipient stakeholder.
- Mandatory: The data element is always required.
- Optional: The data element may be optionally completed. The health service may choose to forward any optional data element to a nominated third party.
- Optional ideal: The data element is optional, but it is highly desired by the recipient stakeholder.
- If applicable: The data element should be completed if applicable.  
For example: The completion of an 'other' data element provides a detailed description explaining why 'other' was the value chosen in the preceding data element.
- If available: The data element is not mandatory, but the recipient stakeholder is interested in the data if it is available.
- Do not send: The data element should not be sent to the stakeholder.

**Clinical incident (CI) timeframe:** The timeframe for sending the data element to the department. This is only relevant for clinical incidents. The department's policy will state how many days the health service has to make an initial notification and a full incident report.

**Cardinality:** The number of times each data element may be entered and/or selected.

**Default value:** Instructions on what default values are allowed.

**Data linkage:** Instructions and advice on how the value may be linked to other data sets.

**Other notes:** Further instructions and advice on the usage of the data element.

**Value domain attributes:** Technical details on the type of data to be stored, the storage format, and the maximum length of the data.

**Related data elements:** Links related data elements.

## 2.7 Reference sources

A variety of local, national and international reference sources were used to develop the VHIMS data set. Key resources are shown below.

### Local sources

- Classification schemes and methodologies as utilised by members of the VHIMS PAG and working groups
- State and federal government reporting requirements  
For example: Sentinel Event Program, Radiation Safety Program, Blood Matters Program, and Australian Government Aged Care Program
- Victorian college of pharmacy, standardised incident categories and definitions and information from the Collaborative Approaches to Medication Safety in Victorian Hospitals project 2005-06
- Blood Matters Program-STIR forms and definitions, Department of Human Services 2006
- Victorian Admitted Episode Dataset (VAED) and data set specification, Department of Human Services 2006
- International Classification of Diseases Australian Modifications (ICD-10-AM), Australian Classification of Health Interventions (ACHI) and Classification and Terminology for Community Health (CATCH) code sets
- Common Client Data set (CCDS v3.0), Department of Human Services May 2008
- WorkSafe notifiable incident reporting form and regulations
- HSC complaints minimum data set
- Radiation Safety, Environmental Health Department of Human Services

### National sources

- Metadata Online Registry (METeOR), Australian Institute of Health and Welfare (AIHW) national data repository

<http://meteor.aihw.gov.au/>

- Australian Commission for Safety and Quality in Healthcare (ACSQHC) safety and quality definitions

<http://www.safetyandquality.org/internet/safety/publishing.nsf/Content/former-pubs-archive-definitions>

### International sources

- World Health Organisation (WHO) International Classification for Patient Safety (ICPS)

<http://www.who-icps.org/>

- National Reporting and Learning System (NRLS) data set, NHS UK (National Patient Safety Agency).

<http://www.npsa.nhs.uk/health/display?contentId=2389>

- (Chang A, Schyve P, Croteau R, O'Leary D and Loeb J. (2005) 'The JCAHO patient safety event taxonomy: a standardized terminology and classification schema for near misses and adverse events'. *International Journal for Quality in Health Care*. 17, (2) 95-105.

## 2.8 Glossary

Abbreviation/term	Definition
ACHI	Australian Classification of Health Interventions
ACSQHC	Australian Commission for Safety and Quality in Health Care
adverse event	An incident that resulted in harm to a person receiving health care (ACSQHC).
agent	An object/material that acts to produce change. In the context of the VHIMS project, 'agents' are defined as medicines, blood/blood products, equipment/device/consumables, food/nutrition/diet items and radiation used in the treatment of a health care recipient (VHIMS PAG).
all incidents	Includes all clinical incidents and OH&S incidents.
CATCH	Classification and terminology for community health.
CCDS	The Common Client Data Set v3.0, Department of Human Services, May 2008.
clinical incident (CI)	An event or circumstance that could have, or did lead to unintended and/or unnecessary harm to a person receiving care. Clinical incidents include adverse events, near misses and hazards in the environment that pose a clinical risk (ACSQHC/VHIMS PAG).
complaint	An expression of dissatisfaction about something (ACSQHC). A complaint may have one or more issues.
compliment	A positive expression of consumer feedback that contains praise, admiration or congratulation.
consumer feedback contact	Includes all complaints, compliments and enquiries. An interaction between a patient/client/resident or other person, and a health service staff member, which results in a dated record entry.
	For example, an ambulance attendance or phone call/query from a consumer (VHIMS PAG).
DMAC	Data Management Advisory Committee, DHS
enquiry	A positive expression of consumer feedback that invites or calls for a reply.
full time equivalent (FTE)	FTE is based on the standard pay period for staff in Victorian health services of 76 hours per fortnight.

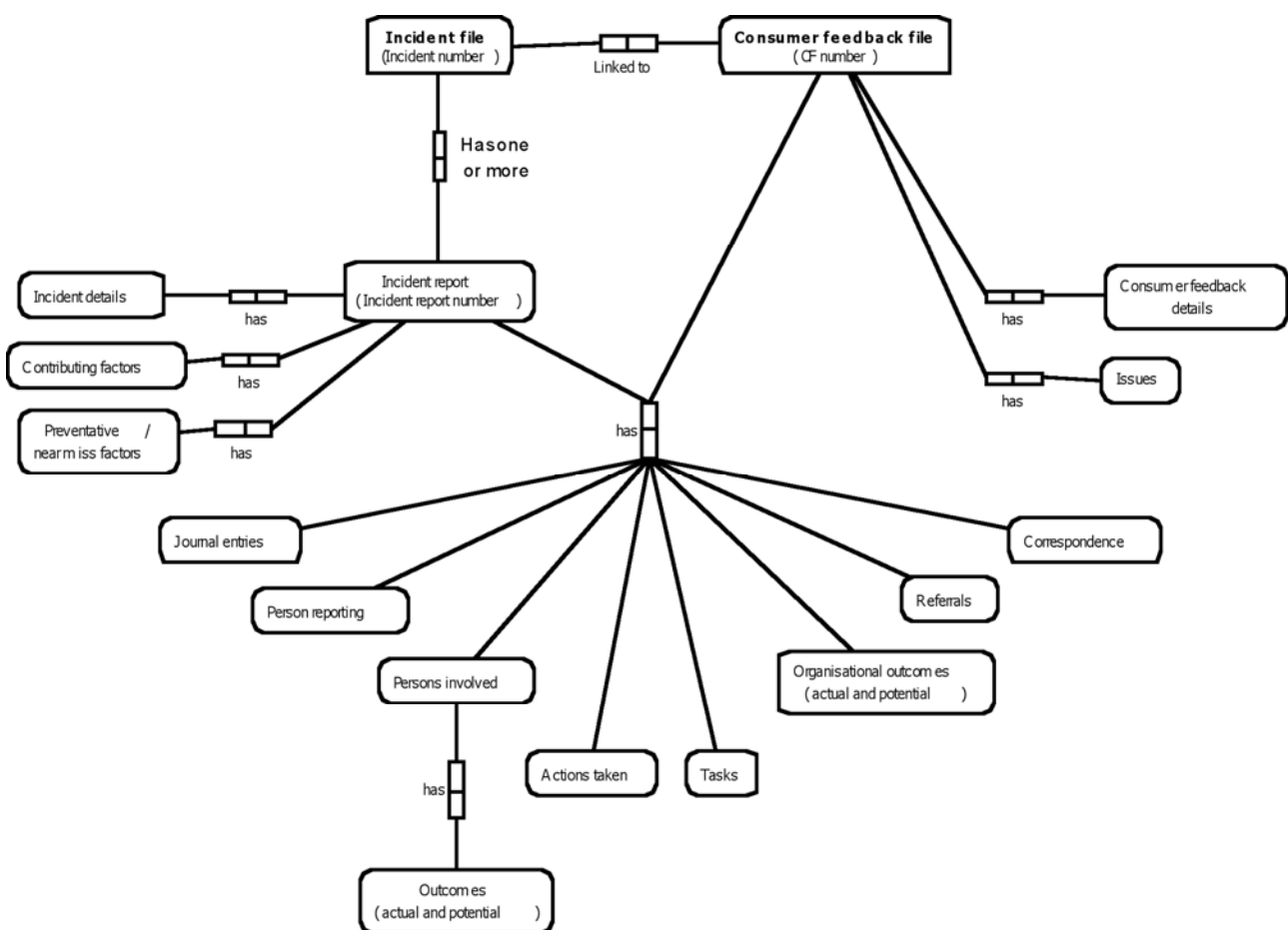
Abbreviation/term	Definition
	<p>The FTE for a health service is the total compensable hours worked per pay period divided by 76 hours.</p> <p>For example, a nurse working 68 hours per week represents 1.8 FTE and a nurse working 19 hours per week represents 0.5 FTE</p>
harm	<p>Harm includes disease, injury, suffering, disability and death.</p> <p>Disease: a physiological or psychological dysfunction</p> <p>Suffering: experiencing anything subjectively unpleasant. This may include pain, malaise, nausea, vomiting, loss (any negative consequence, including financial) depression, agitation, alarm, fear or grief</p> <p>Disability: any type of impairment of body structure or function, activity limitation and/or restriction of participation in society, associated with a past or present harm.</p>
hazard	<p>A circumstance or agent that can lead to harm, damage or loss (ACSQHC).</p>
health care provider	<p>The staff member working with the health service provider that is providing health care services to the recipient.</p>
health care recipient	<p>A person who receives health care services from the health care provider. This includes patients, clients and residents.</p>
health service provider	<p>The organisation where the health care recipient is registered and is receiving services.</p>
ISR	<p>The incident severity rating. A score of 1, 2, 3 or 4 measures the severity of the impact caused to either a person or organisation following an incident. The ISR can also be used to measure the potential severity of impact (PISR). The ISR is derived from the responses to three consequence descriptor category questions and some business rules that generate the final ISR score.</p>
issue	<p>An 'issue' is a point of dispute about an event that can be dealt with on its own without reference to whatever else may have occurred. It is usually a specific concern that can be separated out from within the overall complaint and responded to openly.</p>
METeOR	<p>A complaint may have one or more issues. Issues are central to the complaint resolution process as they segment the complaint into clearly identified points that can be independently investigated and resolved.</p> <p>Metadata Online Registry, Australian Institute of Health and Welfare (AIHW), National Data Repository</p>

Abbreviation/term	Definition
METeOr identifier	<p data-bbox="507 577 884 611"><a href="http://meteor.aihw.gov.au/">http://meteor.aihw.gov.au/</a></p> <p data-bbox="507 645 1439 741">METeOR is a national online metadata registry. Where possible, each data element in the VHIMS data set specification was linked to its equivalent or 'best-fit' METeOR data element and value domain.</p> <p data-bbox="507 775 1439 871">This makes the decision-making process behind entering values into VHIMS data elements transparent and aligned with the applicable standard.</p>
near miss	<p data-bbox="507 902 1150 936">An incident that did not cause harm (ACSQHC).</p> <p data-bbox="507 969 1430 1066">A near miss is also an incident that had the potential to cause harm but didn't, due to timely intervention and/or luck and/or chance (VHIMS PAG).</p>
OH&S incident	<p data-bbox="507 1104 1425 1227">Occupational health and safety incident, defined as 'an event or circumstance that could have resulted, or did result, in unintended or unnecessary harm to a staff member, contractor, visitor or other non-health care recipient'</p>
outcome	<p data-bbox="507 1261 963 1294">A result of an action or a process.</p>
task	<p data-bbox="507 1328 1430 1395">A piece of work completed as part of one's duties that accomplishes a job that is part of a set of actions.</p>
VAED	<p data-bbox="507 1417 1430 1451">Victorian Admitted Episode Dataset, Department of Human Services</p>
VHIMS CFWG	<p data-bbox="507 1485 1422 1552">Victorian Health Incident Management System Consumer Feedback Working Group</p>
VHIMS OH&SWG	<p data-bbox="507 1585 1418 1653">Victorian Health Incident Management System Occupational Health and Safety Working Group</p>
VHIMS PAG	<p data-bbox="507 1686 1366 1753">Victorian Health Incident Management System Project Advisory Group</p>
VMIA	<p data-bbox="507 1776 1034 1809">Victorian Managed Insurance Authority</p>
WHO ICPS	<p data-bbox="507 1843 1439 1910">The World Health Organization International Classification for Patient Safety</p> <p data-bbox="507 1944 866 1977"><a href="http://www.who-ipsec.org">http://www.who-ipsec.org</a></p>

## 3.0 VHIMS data set design

### 3.1 Data model

This diagram depicts the VHIMS data model and the core components of the VHIMS data set.



The data model supports separate 'incident files' and 'consumer feedback files' as separate entities.

An incident file has all the information about a clinical incident, or OH&S incident, in one or more 'incident reports'. While a consumer feedback file has all the information about the consumer feedback, that is, complaint, compliment or enquiry.

Incidents and consumer feedback were modelled as different entities as they each fit a different purpose and workflow. An incident file holds all information about a single event, and is usually managed from a risk-based perspective, that is, preventing re-occurrence.

Consumer feedback is a positive or negative expression of satisfaction from a client's perspective concerning an incident or issue (see 2.8 Glossary - issue). It may, in practice, include several issues that may be associated with separate incidents. It is managed based on the resolution that the client is seeking.

Incidents and consumer feedback may be linked together as shown in the data model diagram above. If a complaint has associated issues that are also incidents, it is good practice to fill out a separate incident report. That way the incident can be tracked and managed from a risk perspective.

An incident file may contain multiple incident reports on the same incident. Each person involved in the incident may have a different perspective about the incident and may fill in another incident report. The incident file will accept several incident reports for the same incident.

The first incident report submitted is considered to be the 'primary incident report'. All additional information deemed important by the incident manager, such as incident classifications, should be added to the primary incident report.

Both consumer feedback files and incident files record:

- journal entries
- details of the person reporting the incident or the consumer feedback
- details of the people involved in the incident (the people involved may be one or more patients/clients/residents and staff, visitors, contractors and other non-patients)
- the outcomes and both actual and potential ISR for all persons involved
- the actions taken as a consequence of the incident and a breakdown of tasks involved in each action
- the organisational outcomes and organisational ISR as a consequence of the incident (potential outcomes are only recorded when there is an actual outcome)
- any notifications or referrals for action and information to both internal and external parties
- any correspondence between the parties involved in the incident.

## 3.2 General methodology

The following methodology represents the VHIMS PAG feedback on the processes involved in managing incident data.

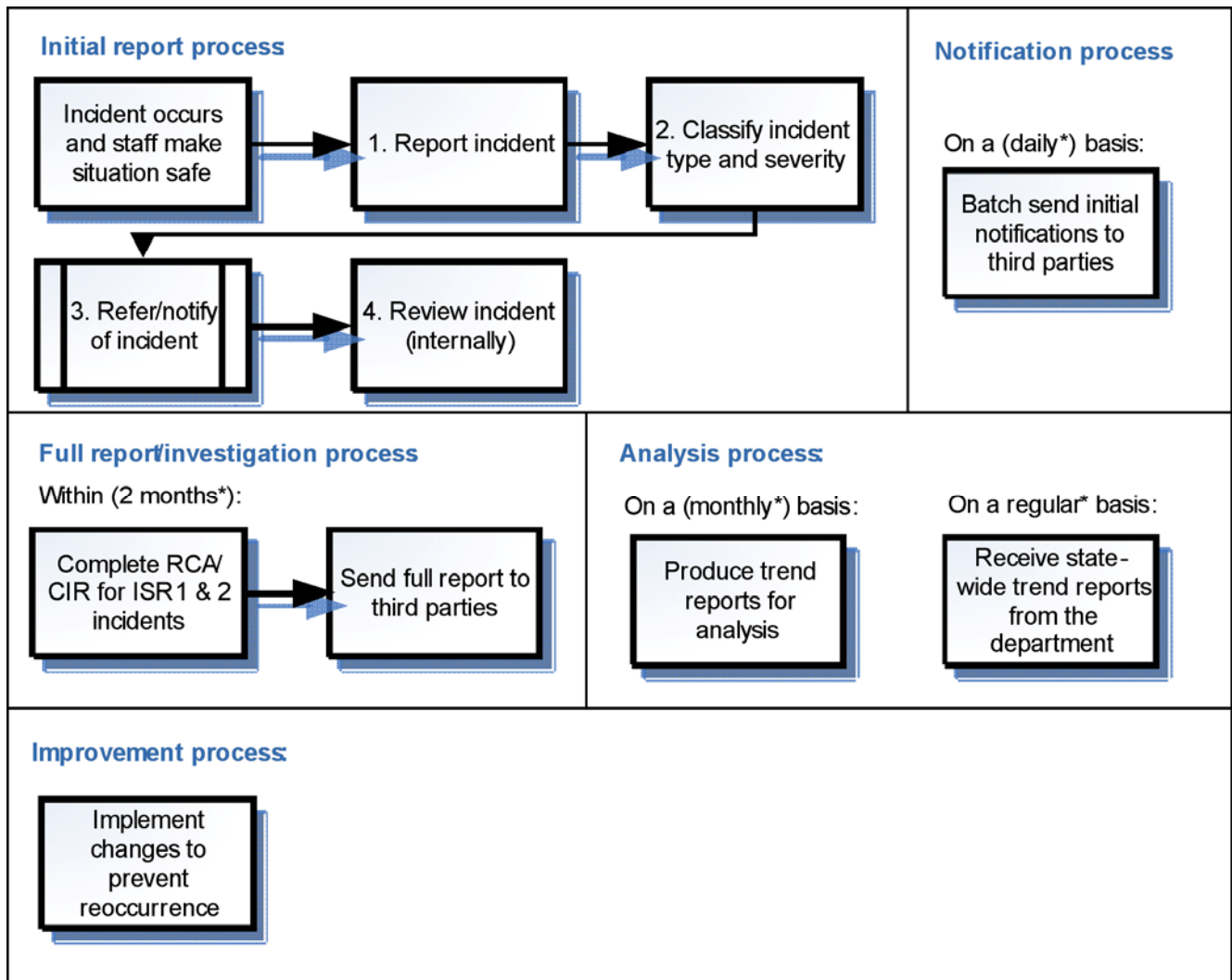
### Incidents

There are five processes involved in managing incidents. Please note that any timeframes mentioned here only reflect standard practice and are non-binding.

1. Initial report process:
  - a) An incident occurs and staff members make the situation safe
  - b) A staff member creates an incident report
  - c) The incident is classified and assigned an ISR (see 1.1 Background). This activity may be undertaken by the incident reporter, line manager or a risk/quality manager. An incident reporter's classification and the derived ISR should be checked and/or validated by the risk/quality or OH&S manager
  - d) The system will recommend a set of referrals/notifications based on the incident classification, severity and a predefined set of rules
  - e) Appropriate management (staff) should review the incident.
2. Notification process:

The system will queue notifications and queue batches of new and modified data that is sent to external stakeholders.
3. Full report/investigation process:
  - In line with department recommendations, a full root cause analysis (RCA) or clinical incident review should be completed within two months of any ISR 1 or ISR 2 clinical incident occurring. If there is a high-severity OH&S incident, an incident investigation should also be undertaken
  - The system will send the completed mandatory records to the department for review.
4. Analysis process:
  - The system will produce reports for analysis and quality improvement purposes. The department will provide regular statewide trend reports to complement the health services internal data analysis.
5. Improvement process:
  - The system will produce reports for a quality improvement and change management purpose.

The health service will review the lessons learned to prevent a re-occurrence of similar incidents.



**Consumer feedback**

Consumer feedback data is only required by health services and the HSC.

There are five processes associated with managing consumer feedback. Again, please note that any timeframes mentioned here reflect standard practice and are non-binding.

1. Complaint management process:  
Source: AS4269 Customer Satisfaction - AS ISO 10002 -2006
  - a. Receive and acknowledge the complaint
  - b. Identify and record any issues and departments or programs involved
  - c. Refer the complaint to the relevant areas for further information and await their responses
  - d. Collate the responses
  - e. Communicate the responses to the complainant
  - f. Close the complaint
  - g. Allow closed complaints to be re-opened.
2. Notification process:  
The system (VHIMS) will send notifications and allow the health service to send batches of new, re-opened or updated complaints to the HSC.
3. Positive feedback:  
Compliments or enquiries are recorded in the consumer feedback file before the file is closed.

4. Analysis process:  
Upon request the system (VHIMS) will produce trend reports for analysis. The HSC will provide regular reports on statewide trends to complement each health services internal analysis and localised reporting on consumer feedback.
5. Improvement process:  
The health service should use the consumer feedback, lessons learned and recommendations from the HSC to implement changes to policies, guidelines and procedures that result in improvements to the overall quality of the health service.

### 3.3 VHIMS Incident/Issue Classification Model

The VHIMS Incident/Issue Classification Model (ICM) taxonomy gives a standard classification of incident and issues types.

The ICM was designed in a hierarchical fashion to:

- accurately, logically and easily classify an incident or issue
- provide a roll-up of incidents and/or issues to an aggregate level that is appropriate for macro-level reporting
- provide a drill-down capability for aggregate level roll-up of incidents and issues back down to individual incidents or issues
- provide a consistent classification model for classifying types of primary and related incidents, issues and contributing factors and preventative factors

At the top level, all incidents and issues fit into one of the following categories:

1. Unexpected outcomes:  
Incidents to people involved including adverse reactions, altered conscious state, exposures or contacts, impacts, collisions, infections, injury, pain, falls and other unexpected outcomes.
2. Behaviour/conduct/rights:  
Alleged inappropriate actions by those involved towards themselves, others, property/facilities or given instructions/medical advice.
3. Clinical care:  
Acts of omission/commission that impacted or may impact the care of those involved in the incident.
4. Administrative services:  
Incidents/issues involving services provided by the health service that is not directly related to the clinical care of those involved in the incident.
5. Hazards/emergency:  
Events/circumstances that may lead to harm, damage or loss. It includes all emergency codes, facilities, equipment and security issues involved in the incident.

#### 6. Influencing factors:

Factors beyond the control of an individual that may impact or did impact the care and/or safety of those involved in the incident.

### 3.4 VHIMS Severity rating methodology

The VHIMS Incident severity rating (ISR) methodology was developed after an analysis of the methodologies used throughout Australia. This included local Victorian methodologies, plus those suggested by the World Health Organization and utilised by the NHS UK. The ISR methodology provides a more consistent classification of incident severity. It also allows Victorian incident data to be mapped to a variety of other methodologies.

The ISR methodology can be consistently applied to both incidents and consumer feedback. It is based on:

- the actual and potential impact to those involved in the incident or issue
- the actual and potential impact to the organisation

The impact to the people involved is automatically derived from three related questions, that is, degree of impact, level of care and treatment required.

The impact to the organisation is automatically derived from the optional organisational impact questions.

### 3.5 Positive feedback and enquiries

Compliments and enquiries require at least these data elements to be completed:

- Consumer Feedback File-Number
- Consumer Feedback File-Organisation/Campus code
- Consumer Feedback File-Date opened
- Consumer Feedback File-Date closed
- Consumer Feedback File-Consumer feedback summary

The remaining consumer feedback file data elements are available should they need to be completed.

### 3.6 Outstanding code sets

Due to time constraints and a decision to test and refine the content of the data set specification and the Incident/Issue Classification Model (ICM), the following code sets are incomplete in the VHIMS data set specification.

These code sets do not need to be completed until the proposed system pilot envisaged for 2009. Therefore, there is still sufficient time to finalise their content and structure.

Code set	Reference source	Status/actions remaining
VHIMS Incident/Issue Classification Model (ICM)	VHIMS PAG, working groups, other (see 2.7 Reference sources)	Model drafted. Testing performed during September, October and November 2007. Modifications made following evaluation of 2007 test activity. Testing of the new OH&S and consumer feedback categories to be undertaken between April and June 2008.
Organisation/Campus code	SAMS codes and other available organisational listings	SAMS codes do not cover all health service campuses within project scope. Need to reconcile the SAMS listing with other available organisational/campus listing and have them checked by in-scope health services prior to implementation.
Activity/Procedure code	ACHI and CATCH	High level code set already formulated. The full code set needs to be constructed using lower level codes.

## 4.0 Data elements

### Index - Data VHIMS data elements

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		4	Incident File-Status
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Section	Grouping	Data element number	Data element title
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Section	Grouping	Data element number	Data element title
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Section	Grouping	Data element number	Data element title
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Section	Grouping	Data element number	Data element title
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Section	Grouping	Data element number	Data element title
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Section	Grouping	Data element number	Data element title
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Section	Grouping	Data element number	Data element title
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