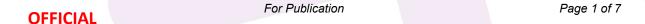# Purchasing systems data entry guide

HSV PP4 Contract management and asset disposal: Reference material

15 December 2025

Version 2.0

	Guide
HealthShare Victoria OFFICIAL	**Purchasing systems data entry**

Author	Finance, Risk and Governance
Approval	Chief Counsel
Version	1.0

Contents

Disclaimer

The information presented in this document is general in nature and based on HealthShare Victoria's interpretation of the *Health Services Act 1988* (Vic) and any ancillary legislation and regulations in effect at the time, and should not be relied upon as legal advice. This document should be read in conjunction with the HSV Purchasing Policies (HSV PPs). Please consider seeking professional and independent advice from your legal representative as to the applicability and suitability of this information and the legislation to your own business needs or circumstances.

1. Obligations: Privacy principles

1.1 HealthShare Victoria (HSV), under the *Health Services Act 1988* (Vic) (Sections 131F and 132E) collects data related to health service spending to improve procurement outcomes for the state. This data is either pulled directly from health services' FMIS systems via Health Technology Solutions, or provided by health services directly if they do not use the FMIS system.

1.2 HSV employees, contractors, consultants and other parties must comply with HSV's Privacy Procedure and relevant privacy legislation, including the Information Privacy Principles (IPPs) contained in the *Privacy and Data Protection Act 2014* and the Health Privacy Principles contained in the *Health Records Act 2001*.

1.3 Similarly, health services must comply with their internal procedures/processes and relevant privacy legislation, including the IPPs contained in the *Privacy and Data Protection Act 2014* and the Health Privacy Principles contained in the *Health Records Act 2001*.

1.4 Please refer to the Office of the Information Commissioner (OVIC) website for the Information Privacy Principles (IPPs) and the Department of Health website for the Health Privacy Principles.

1.5 The *Commonwealth Privacy Act 1988* (Cth) (Privacy Act) and the Australian Privacy Principles (APP) and *Healthcare Identifiers Act 2010* may also apply to health information collected by HSV and health services. Examples include in relation to the collection, use and disclosure of Medicare or Individual Healthcare Identifier (IHI) numbers, or when engaging with third parties such as private health service providers.

1.6 While HSV's collective agreements contain general requirements for suppliers to comply with privacy laws, your health service's privacy statement and/or privacy policy and other patient agreements will also be relevant to understanding the purposes for which you can disclose patient information, including what your patient has consented to. This is important when deciding what data disclosures are permitted when progressing purchase orders, invoices and other similar transactions. The collection of health information is subject to very stringent legislative requirements,. Consistent with the general guiding principle of data minimisation, only the minimum amount of patient personal information that is necessary to achieve the purpose should be collected, used or disclosed.

2. Checklist for completing data input

2.1 Table 1 provides a checklist of questions relating to personal and health information that health services should consider before inputting information into any system or collection.

Table 1: Checklist

Questions to consider		Yes	No	Comments
1	Does the health service and all intended recipients require the patient's name, address and date of birth, or any other personal information on the purchase order or invoice?			Patient information is only required in certain circumstances. Please refer to your privacy policy and the information above.
2	Does the health service and all intended recipients require the unit record (patient) number to be recorded on the requisition / purchase order, invoice or transaction?			Unit record numbers are only required in certain circumstances. Please refer to your privacy policy and the information above.
3	Is information about the patient's next of kin, carer or spouse needed? Has the next of kin, carer or spouse been provided with a privacy notice or collection statement?			Patient next of kin, carer or spouse information is only required in certain circumstances. Please refer to your privacy policy.

4	Is the Medicare number required?			Medicare numbers are not usually required for invoice or PO data. Strict rules apply to the use and disclosure of Medicare numbers.
5	Do you require information that will match a PO with an invoice?			Information provided should not breach privacy policies. Please refer to the information above.
6	When entering information related to delivery data, are you entering it into the correct field?			Where an address or patient details are required, they should be entered into the 'Instructions to Supplier' field within FMIS, not into the item description field on the requisition.
7	Have you confirmed that all parties receiving the PO or invoice are entitled to have access to the information contained in those documents, and that only the minimum necessary personal information has been included on the form?			

Quick reference guide on Australian Privacy Principles

Short guide on Information Privacy Principles

2. Keeping your purchasing data clean and complete

 a. HSV collects Accounts Payable (AP) and Purchase Order (PO) data from public health services to generate categorised product and service spend data and analysis. HSV reports this data back to health services through the online Health Services Spend Data and Analysis (HeSSDA) tool.

 b. The HeSSDA tool provides updatable spend data to help health services identify greater value and cost savings and plan their procurement. Health services can also extract and customise HeSSDA data for their own reporting requirements.

 c. The HeSSDA production process and results are sometimes hampered by data quality issues such as incomplete, incorrect or out-of-date data in important fields.

 d. This guide aims to help health services capture higher-quality electronic AP and PO data which must also comply with obligations under relevant privacy principles.

2.2 Data quality guide

 a. The table below provides a guide to capturing data in key fields to ensure higher-quality data results.

Table 2: Capturing data in key fields

Data field	Impact of low data quality	Guidance	Low-quality data examples
Invoice number	HSV matches invoice numbers from different sources for analysis. Altering the original data or using non-unique codes makes the matching process erroneous or difficult.	• **Don't** use an invoice date, PO number or name as the invoice number. • **Don't** add prefixes or suffixes to original numbers.	• #2018-K APRIL • 01-MAR-2018/MOFFAT • 30392072RI
PO number	PO data is helpful in analysing at product/service level as the necessary information is not usually provided in invoices. Not raising POs deprives you of such information and may not be compliant[1]. • It may also compromise the integrity of the payment authorisation process. • Do raise a PO for every purchase. • Not using a unique PO number that identifies the transaction means the matching process could be inaccurate.	• **Do** raise a PO for every purchase as far as possible.	
Invoice and purchase order dates	Date fields are used as a check in data matching. Altering the original date hampers the matching process and may also distort the analysis by placing the transaction in the wrong period.	• **Do** use the actual date on the invoice as the invoice date. • **Do** use the actual date of raising the PO as the PO date if manually entered.	• 31/07/0201 • 04/03/1956 • 18/01/2029
Invoice and purchase order line descriptions	Specific descriptions are very useful for identifying and categorising a transaction, especially if other fields are missing. Leaving a field blank or replacing it with other existing data deprives the dataset of information which may be critical for certain analysis, however please note the relevant **privacy principles**. Only include the minimum amount of personal and health information that is necessary for the transaction.	• **Do** use words to describe the goods or services. • **Don't** use the invoice or PO number, date or patient or supplier name as the line description. That data should be captured elsewhere. • **Don't** leave the field blank.	• *CAPITAL**YSIO MAX • ITEMS AS PER INVOICES010817 • (Quote 862) • 25 FTE ACEM AVENT • -E19000095 • ?1473632

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[1] Please review the Standing Directions Minister for Finance regarding obligations in relation to purchase orders and similar transaction.

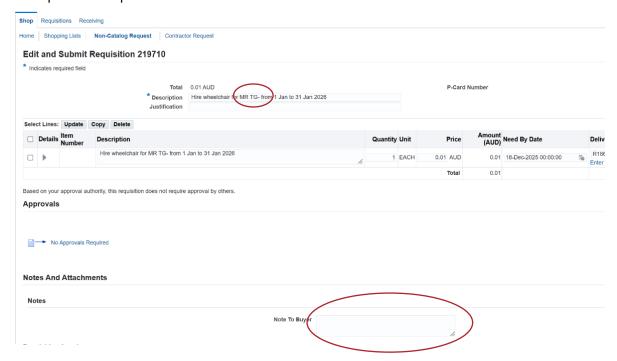| Data field	Impact of low data quality	Guidance	Low-quality data examples
Supplier name and ABN	The supplier's identity (Australian Business Number, or ABN) is used to match transactions, as different suppliers may use similar product codes. However, different data sources can use somewhat different names for the same supplier. Having outdated or unreliable supplier data creates inaccuracies.	• **Do** keep your creditor master file up-to-date and reliable. • **Do** review it regularly.	
Product code	The product code is critical to identifying a product. Alterations to a supplier's code are difficult to uncover and are likely to create errors in data matching.	• **Don't** alter the supplier's codes.	• QUOTE NO 1-C2N25R-02 • (12/03/18 – 27/05/18) • 658590 LOAN • 2104539 office chair • 995056-code-24310200 • 1223224, tape dispenser *** • "#SP/PARTS • 746398-2.5KG
Account name and account code	Coding transactions to inappropriate accounts can lead to erroneous transaction/s categorisations.	• **Do** determine the account to charge to according to what is purchased, not according to the department or unit that purchased it. • **Do** name accounts as specifically as possible.	• Medical expenses – general • IKEA • EQUIPMENT AND MATERIALS • Repairs and maintenance • Ancillary department requisites • Services by others for (health service name)

3. For more information

    a.   Related documents and templates are available on the HSV website.

4. Ensuring patient information does not transfer into PO data

a. Health service staff can follow these instructions when raising any non-catalogue requisition in I-Proc where there is a reasonable and lawful requirement to provide patient information to suppliers – for example, rental equipment.

    i. To ensure the privacy and confidentiality of patients, only initials can be used when entering patient information on the item **Description**. Do not include full names, medical record numbers or any other identifying information.

    ii. Once all required fields are complete, click **Add to cart** to add this as a requisition line. You will see these lines appear in your shopping cart.

    iii. When you have finished adding all the required lines to your card, click **View cart and check out**. This will display a pop-up box showing your cart. You can edit your Requisition description and lines, quantities and price, or delete lines if required.

    iv. Click **Edit** to see a full overview of your requisition.

    v. Under **Note to buyer** you can enter patient details including full name, UR number and contact details if required. The relevant buyer will provide this information to the supplier when they process the purchase order.