Hospital Activity and WIES Report

CAMPUS NAME: **CAMPUS CODE:** **FINANCIAL YEAR: 2005–06**

July 2005 to

		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
1 Separation Details														
1.1	Alcohol and Drug Program (Care Type 0)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
1.2	Nursing Home Type (NHT) Non-Acute (Care Type 1)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
1.3	Designated Rehab - Level 1 (Care Type 2)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
1.4	Family Choice Awake Attendant Care (Care Type 3)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
1.5	Other Care (Acute) Inc Qualified Newborn (Care Type 4)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
1.6	Mental Health Services (Care Types 5A, 5E, 5G, 5K, 5S & 5T)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
1.7	Designated Rehab - Level 2 (Care Type 6)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
1.8	Designated Rehab - Level 3 (Care Type 7)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
1.9	Palliative Care Program (Care Type 8)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
1.10	Geriatric Evaluation and Mgnt (Care Type 9)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
1.11	Interim Care Program (Care Type E)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
1.12	Interim Care Program - Nursing Home Type (Care Type F)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
1.13	Non-Designated Rehabilitation Program/Unit (Care Type K)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
1.14	Unqualified Newborn (Care Type U)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
1.15	**Total Separations**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

2 Patient Day Details														
2.1	Alcohol and Drug Program (Care Type 0)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
2.2	Nursing Home Type (NHT) Non-Acute (Care Type 1)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
2.3	Designated Rehab - Level 1 (Care Type 2)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
2.4	Family Choice Awake Attendant Care (Care Type 3)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
2.5	Other Care (Acute) Inc Qualified Newborn (Care Type 4)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
2.6	Mental Health Services (Care Types 5A, 5E, 5G, 5K, 5S & 5T)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
2.7	Designated Rehab - Level 2 (Care Type 6)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
2.8	Designated Rehab - Level 3 (Care Type 7)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
2.9	Palliative Care Program (Care Type 8)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
2.10	Geriatric Evaluation and Mgnt (Care Type 9)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
2.11	Interim Care Program (Care Type E)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
2.12	Interim Care Program - Nursing Home Type (Care Type F)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
2.13	Non-Designated Rehabilitation Program/Unit (Care Type K)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
2.14	Unqualified Newborn (Care Type U)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
2.15	**Total Patient Days**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Hospital Activity and WIES Report

CAMPUS NAME: **CAMPUS CODE:** **FINANCIAL YEAR: 2005–06**

July 2005 to

		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
3 WIES Fundable Separations														
3.1	**Total Separations**	0	0	0	0	0	0	0	0	0	0	0	0	**0**
3.2	**Total WIES**	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
	WIES Co-Payments/Loading													
3.3	**ATSI Loading**	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
3.4	**Mechanical Ventilation Co-Payment**	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
3.5	**Thalessaemia Co-Payment**	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
3.6	**AAA Co-Payment**	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
3.7	**ASD Co-Payment**	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
3.8	**Total Co-Payment Loadings**	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
	Inlier Funding Equivalence													
3.9	**Low Outlier Separations**	0	0	0	0	0	0	0	0	0	0	0	0	**0**
3.10	**Low Outlier WIES**	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
3.11	**Inlier Separations**	0	0	0	0	0	0	0	0	0	0	0	0	**0**
3.12	**Inlier WIES**	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
3.13	**High Outlier Separations**	0	0	0	0	0	0	0	0	0	0	0	0	**0**
3.14	**High Outlier WIES**	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
	Other													
3.15	**Hospital in the Home Separations**	0	0	0	0	0	0	0	0	0	0	0	0	**0**
3.16	**Hospital in the Home Patient Days**	0	0	0	0	0	0	0	0	0	0	0	0	**0**
3.17	**Sameday Medical Target Separations**	0	0	0	0	0	0	0	0	0	0	0	0	**0**
3.18	**Sameday Medical Target WIES**	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
3.19	**ATSI Separations**	0	0	0	0	0	0	0	0	0	0	0	0	**0**
4 Public WIES Fundable Separations														
4.1	**Public WIES Fundable Separations**	0	0	0	0	0	0	0	0	0	0	0	0	**0**
4.2	**Public WIES**	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
4.3	**Public Hospital in the Home Separations**	0	0	0	0	0	0	0	0	0	0	0	0	**0**
4.4	**Public Hospital in the Home Patient Days**	0	0	0	0	0	0	0	0	0	0	0	0	**0**
4.5	**Public Sameday Target Separations**	0	0	0	0	0	0	0	0	0	0	0	0	**0**
4.6	**Public Sameday Target WIES**	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
5 Private WIES Fundable Separations														
5.1	**Private WIES Fundable Separations**	0	0	0	0	0	0	0	0	0	0	0	0	**0**
5.2	**Private WIES**	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
5.3	**Private Hospital in the Home Separations**	0	0	0	0	0	0	0	0	0	0	0	0	**0**
5.4	**Private Hospital in the Home Patient Days**	0	0	0	0	0	0	0	0	0	0	0	0	**0**
5.5	**Private Sameday Target Separations**	0	0	0	0	0	0	0	0	0	0	0	0	**0**
5.6	**Private Sameday Target WIES**	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**

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CAMPUS NAME: **CAMPUS CODE:** **FINANCIAL YEAR: 2005–06**

July 2005 to

		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
6 DVA WIES Fundable Separations														
6.1	DVA WIES Fundable Separations	0	0	0	0	0	0	0	0	0	0	0	0	**0**
6.2	DVA WIES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
7 TAC WIES Fundable Separations														
7.1	TAC WIES Fundable Separations	0	0	0	0	0	0	0	0	0	0	0	0	**0**
7.2	TAC WIES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
8 Other WIES Fundable Separations														
8.1	Other WIES Fundable Separations	0	0	0	0	0	0	0	0	0	0	0	0	**0**
8.2	Other WIES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
9 Sameday														
9.1	Emergency Separations	0	0	0	0	0	0	0	0	0	0	0	0	**0**
9.2	Emergency WIES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
9.3	Elective Separations	0	0	0	0	0	0	0	0	0	0	0	0	**0**
9.4	Elective WIES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
9.5	Other Separations	0	0	0	0	0	0	0	0	0	0	0	0	**0**
9.6	Other WIES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
9.7	Total Sameday Separations	0	0	0	0	0	0	0	0	0	0	0	0	**0**
9.8	Total Sameday WIES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
10 Non-Sameday														
10.1	Emergency Separations	0	0	0	0	0	0	0	0	0	0	0	0	0
10.2	Emergency WIES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10.3	Elective Separations	0	0	0	0	0	0	0	0	0	0	0	0	0
10.4	Elective WIES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10.5	Other Separations	0	0	0	0	0	0	0	0	0	0	0	0	0
10.6	Other WIES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10.7	Total Non-Sameday Separations	0	0	0	0	0	0	0	0	0	0	0	0	0
10.8	Total Non-Sameday WIES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11 Non-WIES Fundable (Excluded)Separations														
	Uncoded/Problem DRG's													
11.1	Uncoded Separations	0	0	0	0	0	0	0	0	0	0	0	0	0
11.2	VIC-DRGs 960Z, 961Z, 963Z	0	0	0	0	0	0	0	0	0	0	0	0	0
	Contract													
11.3	External Payer	0	0	0	0	0	0	0	0	0	0	0	0	0
11.4	Other Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0
	Transferred and Unqualified Newborn													
11.5	Newborn - Transferred and Unqualifed Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0
11.6	Non-WIES Fundable Separations - Total	0	0	0	0	0	0	0	0	0	0	0	0	0