

***Section 5:
Compilation & Transmission***

Contents

Section 5: Compilation & Transmission	5-1
Introduction	5-1
PRS/2 Transaction Record Specifications, Including File Structures	5-2
Header Record	5-2
Data Records	5-5
<i>Introduction</i>	5-5
<i>Episode Record (Includes Status Segments)</i>	5-6
<i>Diagnosis Record</i>	5-15
<i>Extra Diagnosis Record</i>	5-18
<i>Sub-Acute Record</i>	5-20
<i>DVA Record</i>	5-23
Trailer Records	5-26
<i>Introduction</i>	5-26
<i>Trailer Record 1: Private Hospitals and Day Procedure Centres</i>	5-27
<i>Trailer Record 1: Public Hospitals</i>	5-34
<i>Trailer Record 2: Private Hospitals and Day Procedure Centres</i>	5-44
<i>Trailer Record 2: Public Hospitals</i>	5-49
Data Transmission Scheduling	5-57
PRS/2 Interfacing: Technical Specifications	5-61
<i>Hardware/Software Requirements</i>	5-61
<i>Data Transmission Standards</i>	5-61
<i>Transmission Modes</i>	5-62
PRS/2 Testing	5-63

Introduction

A transmission to PRS/2 has three components:

- Header Record
- Data Records: Episode Record, Diagnosis Record, Extra Diagnosis Record, Sub-Acute Record and DVA Record
- Trailer Records

This section specifies the reporting requirements for data items relating to the compilation of a PRS/2 transmission file. That is, all data items reported in the Header and Trailer Records, and those in the Data Records that do not relate to individual episodes of care (for example, Date of Birth – refer to Section 3 for specifications of these items.)

Header Record

Identifies the source of the file, the period of time the file relates to and facilitates report requests.

Data Records

Provide data on individual (de-identified) admitted patient episodes of care.

Trailer Records

Provide information on the number of data records transmitted, and selected statistics for ready comparison between the hospital's system and PRS/2.

Each transmission to PRS/2 commences with a ***Header Record*** and ends with two ***Trailer Records***. Between these record types, the ***Data Records*** are transmitted.

In PRS/2 Control Reports, within each record group, records are listed in the order in that the hospital submitted them. If you wish your records to be processed and your Control Reports to be printed in a specific order, transmit the records in that order.

PRS/2 Transaction Record Specifications, Including File Structures

Header Record

Header Record File Structure

Note	Data Item	Field Size	Record Position	Datatype	Layout/Code Set
M	Transaction Type	2	1	A/N	H2
M	Hospital Code	3	3	A/N	NNN
M	Start Date	8	6	N	DDMMCCYY
M	End Date	8	14	N	DDMMCCYY
1	Number of Available Beds	4	22	N	NNNN
	Reporting Option	1	26	A/N	Space,0,1,2
	Filler	2	27	A/N	Spaces
	<i>Report Requests</i>				Refer to Section 6.
	1 st request				
	Report Code	2	29	A/N	
	Report Parameter	12	31	A/N	
	2 nd request				
	Report Code	2	43	A/N	
	Report Parameter	12	45	A/N	
	3 rd request				
	Report Code	2	57	A/N	
	Report Parameter	12	59	A/N	
	4 th request				
	Report Code	2	71	A/N	
	Report Parameter	12	73	A/N	
	5 th request				
	Report Code	2	85	A/N	
	Report Parameter	12	87	A/N	
	Filler	139	99	A/N	Spaces
	Software Version/Edition Identifier	3	238	A/N	Optional field, free text, or spaces
		Total: 240			

All alpha characters are uppercase. All numeric fields are right justified and zero filled.

M Mandatory

1 Mandatory in transmissions with end of month file date

Reported by All Victorian hospitals (public and private).

Reported for All PRS/2 data transmissions.

Reported when A file is transmitted to PRS/2.

Reporting guide

General

The Header Record identifies the source of the PRS/2 transmission file, the period of time the file relates to, and facilitates report requests.

Data Items

Transaction Type

The value identifying the Header Record is 'H2'.

Hospital Code

The Hospital Code for this hospital. Refer to Section 4 'Hospital Code Table'.

Start Date

A valid date, one day greater than the End Date in the Header Record of the previous transmission (except the transmission can have the same Start and End Dates as the previous transmission.)

End Date

A valid date greater than this Header Record's Start Date but less than, or equal to, the end of month date (being the last day of the month of the Header Record's Start Date).

Number of Available Beds

For each end of month transmission, report the average number of available beds during the month (including weekends and public holidays), calculated as the sum of the available beds on each day of the month, divided by the number of days in the month.

The available beds on each day is calculated by adding together the occupied beds at midnight, unoccupied but staffed beds at midnight, and day procedure beds that were staffed and available that day.

This statistic is not altered by the reporting arrangements for contracted services: neither hospital (Hospital A nor Hospital B) in a contract service arrangement should adjust this calculation to include (exclude) beds purchased (sold) under contracted arrangements.

Reporting Option

Select the format you wish for the Transmission Control and Reconciliation Report for this transmission.

Report your choice in this field as follows:

- 0 Full transaction trail
- 1 Warnings/rejections only
- 2 Edit messages, then full (accepted) transaction trail

It is strongly recommended that one of the two full transaction trail reporting options (either 0 or 2), be selected.

Filler

Spaces must be reported in this field, that is presently not in use.

Report Requests

Up to five Request Reports may be ordered in the Header Record. Refer to Section 6 for details on ordering these reports.

Filler

Spaces must be reported in this field, that is presently not in use.

Software Version/Edition Number

Report the version/edition of software being used by this hospital, otherwise report spaces.

Data Records

Introduction

Each admitted patient episode must be reported to PRS/2. Most episodes of care require the following Data Records to be reported:

Episode Record:

Containing demographic, admission, separation, and accounting data, specific to that episode.

Diagnosis/Extra Diagnosis Record:

Containing Diagnosis and Procedure codes, among a range of other items.

For public hospitals only, there are two other Data Records that may be required:

Sub-Acute Record:

Required for patients with a Care Type of 2, 6, or 7 *Rehabilitation*, 8 *Palliative Care* or 9 *Geriatric Evaluation and Management*.

DVA Record:

Required for patients with Account Class V- *DVA*

Each set of data records relating to the one episode of care is identified by the hospital-generated Unique Key. That is, the Unique Key for one episode of care will be the same across the record types reported for that episode - Episode Record, Diagnosis Record, and so on. This enables identification of PRS/2 records for amendment, and assembly of individual record types into a single record for the episode of care, in the VAED.

When a file is created for transmission to PRS/2, the related data records for a particular episode of care will include the components known at the time. This could be all record components, for a completed episode; that is, the Episode Record, Diagnosis/Extra Diagnosis Record, and possibly the Sub-Acute or DVA Record, if applicable. If the patient is still in hospital, however, only the admission component and Status Segments of the Episode Record and the DVA record, if applicable, will be able to be reported.

Each time a transmission is sent, these records will be updated until the episode itself and the data relating to it, are completed. If necessary, the Diagnosis/Extra Diagnosis Record and Sub-Acute Record may be reported in a later transmission than the completed Episode Record.

Episode Record

Episode Record File Structure

Note	Data Item	Field Size	Record Position	Datatype	Layout/Code Set
M	Transaction Type	2	1	A/N	E2
M	Unique Key	6	3	A/N	Hospital-generated
M	Patient Identifier	8	9	A/N	Hospital generated Left justified, trailing blanks
M	Site Identifier	1	17	A/N	0,1,2,3,4,5,6,7,8,9
M	Medicare Number	11	18	N	NNNNNNNNNNNN or spaces
M	Medicare Suffix	3	29	A/N	AAA or A-A
M	Sex	1	32	A/N	1,2,3
M	Marital Status	1	33	A/N	1,2,3,4,5,6
M	Date of Birth	8	34	N	DDMMCCYY
M	Postcode	4	42	N	NNNN Refer to Section 3
M	Locality	22	46	A/N	Refer to Section 3
M	Admission Date	8	68	N	DDMMCCYY
M	Admission Time	4	76	N	HHMM
M	Admission Type	1	80	A/N	S,Y,M,R,I,G,X,O,Z
M	Admission Source	1	81	A/N	0,1,2,3,4,5,6,7,8,9,Y,C, LT,N,A,Z
1	Transfer Source	4	82	A/N	NNNN or spaces Refer to Section 3
	[Normal] Leave Days MTD	2	86	N	NN or spaces
	[Normal] Leave Days Financial YTD	3	88	N	NNN or spaces
	[Normal] Leave Days Total	3	91	N	NNN or spaces

Note	Data Item	Field Size	Record Position	Datatype	Layout/Code Set
	Status Segment Occurs 7 times				
2	Account Class	2	94, 107, 120, 133, 147, 160, 173	A/N	AA or AN
2	Accommodation Type	1	96, 109, 122, 135, 149, 162, 174	A/N	1,2,3,4,5,6
2	Qualification Status	1	97, 110, 123, 136, 150, 163, 175	A/N	N,U,X
2	Patient Days MTD	2	98, 111, 124, 137, 151, 164, 176	N) Must be present if
2	Patient Days Financial YTD	3	100, 113, 126, 139, 153, 166, 178	N) other Status details
2	Patient Days Total	4	103, 116, 129, 143, 156, 169, 181	N) are present
3	Separation Date	8	185	N	DDMMCCYY
3	Separation Time	4	193	N	HHMM
3	Separation Type	1	197	A/N	1,2,3,4,5,6,7,8,9,D,Z,T, NA,H,K
1	Transfer Destination	4	198	A/N	NNNN or spaces Refer to Section 3
4	Separation Referral	4	202	A/N	F,P,M,B,U,C,S,D,G,R,X or spaces Left justified, trailing spaces
5	Carer Availability	1	206	A/N	1,2,3,4,5,6,7,8 or space
3	Account Class on Separation	2	207	A/N	AA or AN

Note	Data Item	Field Size	Record Position	Datatype	Layout/Code Set
3	Accommodation Type on Separation	1	209	A/N	1,2,3,4,5,6
M	Care Type	1	210	A/N	0,1,2,3,4,5,6,7,8,9,U
M	Country of Birth	4	211	A/N	NNNN Refer to Section 3
M	Indigenous Status	1	215	A/N	2,5,6,7
M	Criterion for Admission (6)	1	216	A/N	B,C,N,U,O,S
M	Intended Duration of Stay	1	217	A/N	1,2
M	Health Insurance Fund	3	218	A/N	Refer to Section 3
M	Level of Insurance	1	221	A/N	1,3,8,6,9
3	Mental Health Legal Status	1	222	A/N	1,2,9
5	Program Funding Source (6)	1	223	A/N	2,3,6,7,8 or space
7	Funding Arrangement	1	224	A/N	1,2,3 or space
8	Contract Type	1	225	A/N	1,2,3,4,5,6 or space
8	Contract Role	1	226	A/N	A,B or space
9	Contract/Spoke Identifier	4	227	A/N	NNNN or spaces Refer to Section 3
10	Contract Leave Days - MTD	2	231	N	NN or spaces
10	Contract Leave Days - Financial YTD	2	233	N	NN or spaces
10	Contract Leave Days - Total	2	235	N	NN or spaces
	User Flag	1	237	A/N	Optional field, free text
11	Filler	3	238	A/N	Spaces
		Total:24 0			

All alpha characters uppercase. All numeric fields right justified and zero filled.

M Mandatory

- 1 Transfer Source: Mandatory if Admission Source = T. Transfer Destination: Mandatory if Separation Type = T.
- 2 Mandatory in first Status Segment. In any subsequent Status Segment, if any field is present, then all fields for that segment must be present.
- 3 Mandatory but transmit only when Separation Date is known/transmitted.

- 4 Mandatory for public hospital if Separation Type = H but transmit only when Separation Date is transmitted, else spaces. Private hospitals report codes or spaces.
- 5 Mandatory for public hospitals when Care Type is 1, 2, 6, 7, 8 or 9, but transmit only when Separation Date is transmitted, else spaces. Private hospitals report a space.
- 6 Criterion for Admission: Code S only for use by Early Parenting Centres. Program Funding Source: Code 3 only for use by Early Parenting Centres.
- 7 Mandatory for all hospitals involved in contracted care, hub and spoke arrangements, or the Healthstreams Program, else space.
- 8 Mandatory for all hospitals involved in contracted care arrangements, else space.
- 9 Mandatory for all hospitals involved in contracted care or Hub and Spoke (only Hub reports) arrangements, else spaces.
- 10 Mandatory for contracting hospitals, in specific instances. Refer to Section 3.
- 11 Must be spaces.

Reported by All Victorian hospital (public and private).

Reported for All admitted patient episodes of care.

Reported when An episode of care has commenced, and in every subsequent PRS/2 data transmission (updates) until the episode, and the data relating to that episode, are complete and correct.

Refer to: 'Data Transmission Scheduling', page 5-57.

Reporting guide

General

The Episode Record contains demographic, admission and separation data. In addition, there are up to seven Status Segments containing accounting information recorded at admission (first Status Segment) and up to six times when there is a change to this information. In each Status Segment, there are fields for patient day counts that must be provided by the in-house system; PRS/2 does not calculate patient days.

No Diagnosis Record, Sub-Acute Record or DVA Record can be accepted or retained on file unless there is an Episode Record with the same Unique Key currently held by PRS/2.

No DVA Record can be accepted unless it is accompanied in the same transmission with the Episode Record for the same Unique Key.

No Diagnosis/Extra Diagnosis Record or Sub-Acute Record can be

accepted until the Episode Record contains a Separation Date.

PRS/2 deals with counts of days (patient days, leave days [normal and contract]) according to the field's relationship with the month and year in the Header Record dates. That is, if the Header Record identifies the month as July 2000, all the month-to-date fields in the transmission will be treated as July and the year-to-date as 2000-2001.

Correction/Update

To amend or update an Episode Record, re-transmit the entire record, containing the updated data. This will overwrite the existing PRS/2 record.

For patients remaining in hospital at the end of the month, the Episode Record needs to be re-transmitted with the next months data until the separation details are transmitted, in order to update the counts of patient days and leave days each month.

Re-transmitting the Episode Record causes the Diagnosis/Extra Diagnosis Record to be re-edited.

Deletion

To delete an entire Episode Record:

- Re-transmit the Episode Record containing all 9s in the Medicare Number field, or
- Transmit only the Unique Key and the Medicare Number containing all 9s.

Deleting an Episode Record will also delete any other type of record with the same Unique Key, held by PRS/2.

If the deletion is transmitted after a DVA Record has been sent to DVA, the record will be flagged as deleted but will remain on the file available to the Department.

A record can be deleted and re-transmitted in the same transmission as long as the deletion is sequenced first.

Data Items

Transaction Type

The value identifying the Episode Record is 'E2'.

[Status Segments]

There are seven Status Segments available in each Episode Record.

Each Status Segment comprises a new combination of details involving the following fields:

- Account Class
- Accommodation Type
- Qualification Status

Each Status Segment records the number of patient days relating to that segment, including:

- Patient Days Month-to-date
- Patient Days Financial Year-to-date
- Patient Days Total

How to Count Patient Days

It is not possible for a Status Segment to have zero Patient Days, therefore:

- If, on the one day, a patient's details change then change again, the first change should not be reported to PRS/2.
- If, on the one day, a patient's details are changed then found to be incorrect, the incorrect change should not be reported to PRS/2.
- If, on the one day, a patient's details change then the patient is separated (formally or statistically), the change should not be reported to PRS/2; the separation should be reported.
- If, on the one day, a patient is admitted then their details change, the original details should not be reported to PRS/2.

Refer to: Section 2 'Length of Stay.'

When to create a Status Segment

The first Status Segment must be created, recording the details at admission (formal or statistical).

If later there is a change to Account Class, Accommodation Type or Qualification Status, a new Status Segment is created. A move to or from Accommodation Type *Hospital in the Home* is reported as a new Status Segment, not a new Episode Record.

A Status Segment should only be created if it is needed; surplus Status Segments should be left blank, not zero-filled.

When to Transmit Status Segments

Until the patient is separated, re-transmit the Episode Record with each transmission, to update the count of patient days.

In the following example, the patient days represent the sum of patient

days reported in all Status Segments used for each period (that is, the 30 days reported in June might have been in two Status Segments, reporting two different Account Classes). The example also assumes there have been no [normal] leave days.

	End of month transmissions for	Patient Days MTD	Patient Days YTD	Patient Days Total
Patient admitted 28 May	May 2001	4	4	4
Patient not yet separated	June 2001	30	34	34
Patient separated 4 July	July 2001	3	3	37

The patient days reported in Year-to-date of the July transmission equal Month-to-date days because this is now a new financial year.

How to Report a Correction to Status Field(s)

If information in a Status Segment is incorrect, the Status Segment should be overwritten by re-transmitting the Episode Record with the correct details.

How to Record a Change in Status Field(s)

If the Account Class, Accommodation Type or Qualification Status changes, a new Status Segment is needed to record the Patient Days accrued for the new Status Segment details.

Preferably, Status Segments should be reported in chronological order. If the patient was treated at home under the Hospital in the Home Program (Accommodation Type), chronological order is essential.

In other instances, you can re-use Status Segments, if necessary. If the set of Status Segment fields to which the patient changes has occurred before in this episode, that earlier Status Segment can be used to record Patient Days for the later period. Where a Status Segment is used more than once, the Patient days reported are the sum of the Patient Days accrued during each occasion when that set of Status Segment fields applied.

For example, rather than:

Status Segment	Account Class	Accom Type	Qual Status	Pat Days MTD	Pat Days YTD	Pat Days Total
1	PE	2	X	3	3	3
2	PC	2	X	6	6	6
3	PE	2	X	2	2	2

These circumstances could be reported as:

Status Segment	Account Class	Accom Type	Qual Status	Pat Days MTD	Pat Days YTD	Pat Days Total
1	PE	2	X	5	5	5
2	PC	2	X	6	6	6

If using this method, it is vital that the correct details are copied into the Account Class on Separation and Accommodation Type on Separation fields. That is, the details current on separation, even though they may not be in the last Status Segment for that Episode Record. In the above example, Account Class on Separation would be 'PE' and Accommodation Type on Separation '2'.

If All Status Segments have been Used

If a patient changes Status Segment details so often during an episode that all seven segments are used, implement either of the following solutions:

- Overwrite with new details a Status Segment containing details that best approximate the new details and then aggregate the patient day counts. When selecting which Status Segment to overwrite, select one according to the criteria below.
- Use the seventh Status Segment to record all remaining patient days, reporting the patient's details according to the criteria below.

When deciding which Status Segment to overwrite or which details to record in the seventh segment, use the following criteria:

- Never overwrite a segment with Accommodation Type *Hospital in the Home*.
- If the patient is a newborn and the new Qualification Status is *Qualified*, overwrite an earlier Segment that has *Qualified* Qualification Status or ensure the seventh Segment shows *Qualified*.

- Give priority to matching the broad category of Account Class (as indicated by the first character of the code); that is, keep the patient day counts against an Account Class which is at least correct at the first character level.
- If there is still a choice of Segments to overwrite, match the Accommodation Type (but do not erase *Hospital in the Home*).

User Flag

This field has been added at the suggestion of a software supplier. Hospitals can use the field for data management purposes, perhaps to flag certain types of records such as corrections.

The content of this field will be printed in PRS/2 Control Reports, when and where the Episode Record is printed.

Filler

Spaces must be reported in this field, that is presently not in use.

Diagnosis Record

Diagnosis Record File Structure

Note	Data Item	Field Size	Record Position	Datatype	Layout/Code Set
M	Transaction Type	2	1	A/N	X2
M	Unique Key	6	3	A/N	Hospital generated
1	Diagnosis Code x 12 - each code	8 (8 x 12)	9	A/N	ICD-10-AM Each left justified, trailing spaces
2	Procedure Code x 12 - each code	8 (8 x 12)	105	A/N	ICD-10-AM Each left justified, trailing spaces
3	Admission weight	4	201	N	In grams, or spaces
M	Intention to Re-admit	1	205	A/N	0,1,2,3,4,9
	User Flag	1	206	A/N	Optional field, free text
4	Duration of Stay in Intensive Care Unit	4	207	N	0001 to 9999 or spaces
5	Duration of Mechanical Ventilation in ICU	4	211	N	0001 to 9999 or spaces
6	Hospital Generated DRG	4	215	A/N	ANNA or NNNA or spaces
7	Duration of Stay in Coronary/Cardiac Care Unit	4	219	N	0001 to 9999 or spaces
8	Reason for Critical Care Transfer	1	223	A/N	X,E,J,W,Y,F,K,Z or space
	Filler	17	224	A/N	Spaces
		Total: 240			

All alpha characters uppercase. All numeric fields right justified with leading zeros.

M Mandatory

1 *First* diagnosis code is mandatory.

2 Eighth character is F or N for procedures provided by *contracting* hospital, else space.

- 3 Mandatory if patient aged <365 days at admission, else spaces.
- 4 Mandatory for patients cared for in an ICU listed in Section 4, and by hospitals providing contracted services to those listed hospitals, else spaces.
- 5 Mandatory for patients who received mechanical ventilation in an ICU listed in Section 4, and by hospitals providing contracted services to those listed hospitals, else spaces.
- 6 Optional but recommended for all hospitals with grouping software; else spaces.
- 7 Mandatory for patients cared for in a CCU listed in Section 4, and by hospitals providing contracted services to those listed hospitals, else spaces.
- 8 Mandatory for public hospitals participating in the Critical Care Inter-hospital Transfer Program, listed Section 3, else space.

Reported by All Victorian hospitals (public and private).

Reported for All admitted patient episodes of care.

Reported when A Separation Date is reported in the Episode Record.

Refer to: 'Data Transmission Scheduling', page 5-57.

Reporting guide

General

The Diagnosis Record accepts up to 12 diagnosis and 12 procedure codes, along with a range of other items, as listed in the file structure.

Each admitted patient episode of care must be coded regardless of whether the DRG allocated is relevant to the funding for that episode.

Correction/Update

To amend a Diagnosis Record, re-transmit the Diagnosis Record. This will overwrite the record held by PRS/2 and cause the DRG to be re-assigned.

Deletion

To delete a Diagnosis Record, zero-fill the first diagnosis code and leave the rest of the record blank, then re-transmit the Diagnosis Record.

If an Episode Record is deleted, the Diagnosis Record is deleted automatically. Re-transmitting the Episode Record alone will not regenerate the Diagnosis Record. The Diagnosis Record must be re-

transmitted also.

A record can be deleted and re-transmitted in the same file, as long as the deletion is sequenced first.

Data Items

Transaction Type

The value identifying the Diagnosis Record is 'X2'.

User Flag

This field has been added at the suggestion of a software supplier. Hospitals can use the field for data management purposes, perhaps to flag certain types of records, such as corrections.

The content of this field will be printed in PRS/2 Control Reports, when and where the Diagnosis Record is printed.

Filler

Spaces must be reported in this field, that is presently not in use.

Extra Diagnosis Record

Extra Diagnosis Record File Structure

Note	Data Item	Field Size	Record Position	Datatype	Layout/Code Set
M	Transaction Type	2	1	A/N	Y2
M	Unique Key	6	3	A/N	xxxxxx Hospital generated
	Diagnosis Code (13 to 25)	8 (8 x 13)	9	A/N	ICD-10-AM Each left justified and with trailing spaces
1	Procedure Code (13 to 25)	8 (8 x 13)	113	A/N	ICD-10-AM Each left justified and with trailing spaces
	Filler	24	217	A/N	Spaces
		Total 240			

M Mandatory

1 Eighth character is F or N for procedure in *contracting* hospital, else space.

Reported by

Public and private hospitals - **optional**.

That is, a hospital may choose whether or not to report more than 12 diagnosis and 12 procedure codes for episodes where more than 12 of either/both have been assigned.

Reported for

Each episode which has more than 12 diagnosis and/or 12 procedure codes assigned.

Reported when

A Separation Date has been reported in the Episode Record.

Refer to: 'Data Transmission Scheduling', page 5-57.

Reporting guide

General

The Extra Diagnosis Record accepts up to thirteen extra diagnosis and/or procedure codes, for each applicable episode of care. PRS/2, therefore, is able to accept a maximum of 25 diagnosis and 25 procedure codes. (The Diagnosis Record accepts the first twelve of each.)

Always transmit the Extra Diagnosis Record immediately following the corresponding Diagnosis Record (matching Unique Keys).

The Diagnosis Record and Extra Diagnosis Record will be edited each time they are transmitted.

The Diagnosis Record and Extra Diagnosis Record will be re-edited if their corresponding Episode Record is re-transmitted.

If an Episode Record is deleted, both Diagnosis Records will automatically be deleted from PRS/2. Re-transmitting the Episode Record alone will not regenerate the Diagnosis Record and Extra Diagnosis Record; they must also be re-transmitted.

Correction/Update

To correct or update an Extra Diagnosis Record, re-transmit the Diagnosis Record immediately followed by the updated Extra Diagnosis Record. This will overwrite all fields already held by PRS/2 and re-assign the DRG.

Data Items

Transaction Type

The value identifying the Extra Diagnosis Record is 'Y2'.

Filler

Spaces must be reported in this field, that is presently not in use.

Sub-Acute Record

Sub-Acute Record File Structure

Note	Data Item	Field Size	Record Position	Datatype	Layout/Code Set
M	Transaction Type	2	1	A/N	S2
M	Unique Key	6	3	A/N	Hospital generated
M	Patient Identifier	8	9	A/N	Hospital generated Left justified, trailing blanks
1,2	Barthel Index Score on Admission	3	17	A/N	Range 000 to 100 or spaces
1,2	Barthel Index Score on Separation	3	20	A/N	Range 000 to 100 or spaces
1	Clinical Sub-program	3	23	A/N	From code list or spaces
1	Onset date	8	26	N	DDMMCCYY or spaces
1	Admission/Re-admission to Rehabilitation	1	34	A/N	0, 1 or space
	User Flag	1	35	A/N	Optional field, free text
	Filler	2	36	A/N	Spaces
3	RUG ADL on Admission	2	38	A/N	Range 00 to 18 or spaces
3	RUG ADL on Separation	2	40	A/N	Range 00 to 18 or spaces
3	Source of Referral to Palliative Care	2	42	A/N	Range 01 to 09 or spaces
	Filler	197	44	A/N	Spaces
		Total:240			

All alpha characters uppercase. All numeric fields right justified and zero filled.

M Mandatory

1 Mandatory if Care Type = 2, 6 or 7 *Designated Rehabilitation Program/Unit*

2 Mandatory if Care Type = 9 *Geriatric Evaluation and Management Program*

3 Mandatory if Care Type = 8 *Palliative Care Program*

Reported by Public hospitals.
[Private hospitals: Do not report S2s.]

Reported for Care Types 2, 6, 7, 8, and 9 only.

Reported when A Separation Date is reported in the Episode Record.
Refer to: 'Data Transmission Scheduling', page 5-57.

Reporting guide **General**

The data items collected in the Sub-Acute Record are needed for the support and further development of casemix classifications for sub-acute patients.

Field	Rehabilitation Care Type 2, 6, 7	Palliative Care Type 8	GEM Care Type 9
Transaction Type	S2	S2	S2
Unique Key	*	*	*
Patient Identifier	*	*	*
Barthel Index Score on Admis	*	Spaces	*
Barthel Index Score on Sep	*	Spaces	*
Clinical Sub- Program	*	Spaces	Spaces
Onset Date	*	Spaces	Spaces
Admission/Re- admis	*	Spaces	Spaces
RUG ADL on Admis	Spaces	*	Spaces
RUG ADL in Separation	Spaces	*	Spaces

Source of Referral to Palliative Care	Spaces	*	Spaces
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Correction

To correct a Sub-Acute Record, re-transmit the entire Sub-Acute Record, including the corrections. This will overwrite the existing record held by PRS/2.

Deletion

To delete a Sub-Acute Record, re-transmit Sub-Acute Record containing all 9s in the Clinical Sub-Program.

If an Episode Record is deleted, the Sub-Acute Record will automatically be deleted. Re-transmitting the Episode Record alone will not re-generate the Sub-Acute Record, the Sub-Acute Record must also be re-transmitted. A record can be deleted and re-transmitted in the same transmission so long as the deletion is sequenced first.

Data Items

Transaction Type

The value identifying the Sub-Acute Record is 'S2'.

User Flag

This field has been added at the suggestion of a software supplier. Hospitals can use the field for data management purposes, perhaps to flag certain types of records, such as corrections.

The content of this field will be printed in PRS/2 Control Reports, when and where the Sub-Acute Record is printed.

Filler

Spaces must be reported in this field, that is presently not in use.

Filler

Spaces must be reported in this field, that is presently not in use.

DVA Record

DVA Record File Structure

Note	Data Item	Field Size	Record Position	Datatype	Layout/Code Set
M	Transaction Type	2	1	A/N	V2
M	Unique Key	6	3	A/N	Hospital generated.
M	Patient Identifier	8	9	A/N	Hospital generated Left justified, trailing blanks
M	DVA Number	9	17	A/N	Refer to Section 3
M	Surname	20	26	A/N	Refer to Section 3
M	Given Name(s)	12	46	A/N	Refer to Section 3
1	Admission Date	8	58	N	DDMMCCYY
1	Separation Date	8	66	N	DDMMCCYY
	User Flag	1	74	A/N	Optional field, free text or space
	Filler	166	75	A/N	Spaces
		Total:240			

All alpha characters must be uppercase. All numeric fields right justified and zero filled.

M Mandatory

1 These dates must match those in the corresponding Episode Record.

Reported by Public hospitals.
[Private hospitals: Do not report V2s.]

Reported for Admitted patient episodes with an Account Class of DVA (V-).

Reported when The Episode Record is reported (each time).
Refer to: 'Data Transmission Scheduling', page 5-57.

General

The DVA Record allows hospitals to report the necessary additional information about a DVA patient to facilitate payment for the episode.

PRS/2 holds Episodes for DVA patients for one financial year after that financial year has been closed on 21 September.

At Allegiance Systems, patient confidentiality is protected because DVA identification details are kept separate from the other information, including diagnosis data.

Correction/Update

To correct a DVA Record, re-transmit the entire DVA Record (together with the Episode Record), including the corrections. This will overwrite the existing record held by PRS/2.

Deletion

To delete a DVA Record, re-transmit the DVA Record with the DVA number filled with 9s. If the deletion is submitted after DVA Record has been sent to DVA, the record will be flagged as cancelled but will remain on the file available to the Department.

If the Episode Record is deleted, the DVA Record will automatically be deleted. Re-transmitting the Episode Record alone will not re-generate the DVA Record. The DVA Record must also be re-transmitted.

Data Items

Transaction Type

The value identifying the DVA Record is 'V2'.

User Flag

This field has been added at the suggestion of a software supplier. Hospitals can use the field for data management purposes, perhaps to flag certain types of records, such as corrections.

The content of this field will be printed in PRS/2 Control Reports, when and where the Sub-Acute Record is printed.

Filler

Spaces must be reported in this field, that is presently not in use.

Editing

The following rules apply to DVA data:

- If, in this transmission, there is an Episode Record with Account Class V-, then there must be a V2 with the same Unique Key in this transmission.
- If, in this transmission, there is a DVA Record, then there must be an Episode Record with Account Class V- DVA with the same Unique Key in this transmission.
- If a DVA Record sent in this transmission fails the edits, then the corresponding Episode Record in this transmission will also be rejected.
- If an Episode Record with Account Class V- sent in this transmission fails the edits, then the corresponding DVA Record in this transmission will also be rejected.

These rules imply:

- When sending an updated Episode Record, even though a V2 had been successful in an earlier transmission, the DVA Record must be sent again.
- When sending an updated DVA Record (to correct information in a previously accepted DVA Record), even though an Episode Record had been successful in an earlier transmission, the Episode Record must be sent again.
- When sending an Episode Record deletion for the DVA patient, do not send an Episode Record for the same Unique Key in this transmission.
- When sending a DVA Record deletion, do not send a V2 for the same Unique Key in this transmission.

The Episode and DVA Records of DVA patients are subject to a Transaction Matching process before the Transmitted Transaction process:

The Transaction Match process

- Verifies for presence of one E2 and one V2 for any Unique Key
- Checks Admission and Separation Dates for consistency between the E2 and V2
- Edits V2s for validity
- Rejects the pairs of records which fail these checks

Trailer Records

Introduction

General

Two trailer records end each PRS/2 transmission. They provide information on the number of data records transmitted, and selected month-to-date and financial year-to-date statistics. These enable ready comparison between the hospital's figures and PRS/2.

Trailer records provide a means to reconcile PRS/2 data with the hospital's in-house data:

- To ensure all expected types and numbers of records transmitted to PRS/2 in the current run have actually been received.
- To allow summary statistics calculated by PRS/2 to be compared with those produced by the hospital's in-house system.

Trailer records also include month-to-date and financial year-to-date statistics that enable comparison and reconciliation of PRS/2 and AIMS data. AIMS Forms are different depending on whether the hospital is public or private. Therefore, separate Trailer Records are provided for public and private hospitals.

Correction

Data contained in the Trailer Records will be overwritten when the Header Record of the next transmission:

- Has Start and End Dates identical to those in the previous transmission.
- Has an End Date of the same month and year to that in the previous transmission.

Trailer Record 1: Private Hospitals and Day Procedure Centres

Trailer Record 1: Private Hospitals and Day Procedure Centres File Structure

Note	Data Item	Field Size	Record Position	Datatype	Layout/Code Set
M	Transaction Type	2	2	A/N	T2
M	Hospital Code	3	4	A/N	NNN
	<i>Input Reconciliation</i>				
M	Total Number of Records	5	7	N	NNNNN
	<i>Episode Records</i>				
M	New	4	12	N	NNNN
M	Corrections	4	16	N	NNNN
M	Deletions	4	20	N	NNNN
	<i>Diagnosis Records</i>				
M	New	4	24	N	NNNN
M	Corrections	4	28	N	NNNN
M	Deletions	4	32	N	NNNN
	<i>DVA Records</i>				
M	New	4	36	N	Always 4 zeros
M	Corrections	4	40	N	Always 4 zeros
M	Deletions	4	44	N	Always 4 zeros
	<i>Summary Statistics MTD</i>				
M	Admissions (includes Statistical)	4	48	N	NNNN
M	Separations (includes Statistical)	4	52	N	NNNN
M	Statistical Separations	4	56	N	NNNN
M	On Leave at End Date	3	59	N	NNN
M	Actual Remaining in at End Date	4	62	N	NNNN
M	Patient Days	5	66	N	NNNNN
	<i>Summary Statistics Financial Year to Date</i>				
M	Admissions (includes Statistical)	5	71	N	NNNNN
M	Separations (includes Statistical)	5	76	N	NNNNN
M	Statistical Separations	5	81	N	NNNNN
M	Patient Days	6	86	N	NNNNNN

Note	Data Item	Field Size	Record Position	Datatype	Layout/Code Set
1	<i>AIMS Statistics MTD</i>				
	<i>Private Hospitals, Day Procedure Centres only</i>				
	<i>Private-Acute</i>				
	Separations	4	92	N	NNNN or spaces
	Patient Days	5	96	N	NNNNN or spaces
	<i>Private-NHT</i>				
	Separations	4	101	N	NNNN or spaces
	Patient Days	5	105	N	NNNNN or spaces
	<i>Compensable</i>				
	Separations	4	110	N	NNNN or spaces
	Patient Days	5	114	N	NNNNN or spaces
	<i>Ineligible</i>				
	Separations	4	119	N	NNNN or spaces
	Patient Days	5	123	N	NNNNN or spaces
	<i>Public - Under Contract</i>				
	Separations	4	128	N	NNNN or spaces
	Patient Days	5	132	N	NNNNN or spaces
	Filler	9	137	N	Zeros or spaces
	<i>Same Day Separations</i>				
	Private - Same Day	4	146	N	NNNN or spaces
	Compensable - Same Day	4	150	N	NNNN or spaces
	Ineligible - Same Day	4	154	N	NNNN or spaces
	Public - Under Contract - Same Day	4	158	N	NNNN or spaces
	Filler	4	162	N	Zeros or spaces
	Filler	75	166	A/N	Spaces
		Total:24 0			

All numeric fields must be right justified and zero-filled.

M Mandatory

1 Mandatory in transmissions with end of month file date

Data Items

Transaction Type

The value identifying this trailer record is 'T2'.

Hospital Code

The recognised Hospital Code for your hospital (ANN).

INPUT RECONCILIATION

Total Number of Records

Total number of Records in this transmission file, being total of the following nine fields.

Episode Records – New

Total number of new Episode Records (E2) in this transmission file.

Episode Records – Corrections

Total number of Episode Record (E2) corrections and updates in this transmission file.

Episode Records – Deletions

Total number of Episode Record (E2) deletions in this transmission file.

Diagnosis Records –New

Total number of new Diagnosis Records (X2) in this transmission file.

Diagnosis Records – Corrections

Total number of Diagnosis Record (X2) corrections and updates in this transmission file.

Diagnosis Records – Deletions

Total number of Diagnosis Record (X2) deletions in this transmission file.

DVA Records – New

Private hospitals and day procedure centres must not transmit DVA Records (V2). This field must be zero-filled.

DVA Records – Corrections

Private hospitals and day procedure centres must not transmit

DVA Records (V2). Field must be zero-filled.

DVA Records – Deletions

Private hospitals and day procedure centres must not transmit DVA Records (V2). Field must be zero-filled.

SUMMARY STATISTICS MONTH-TO-DATE

MTD – Admissions

Total admissions in month of Header Record End Date (or month-to-date): both formal and statistical, both same day and overnight.

MTD – Separations

Total separations in month of Header Record End Date (or month-to-date): both formal and statistical, both same day and overnight.

Mtd – Statistical Separations

Total statistical separations in month of Header Record End Date (or month-to-date), both same day and overnight. These have also been included in Separations (previous field).

On Leave at End Date

Total admitted patients who are on leave at the Header Record End Date.

Actual Remaining in at End Date

Total admitted patients who remain as admitted patients at Header Record End Date (that is, not separated and not on leave). The PRS/2 calculated total includes patients on leave but the Trailer Record total should not.

MTD – Patient Days

Total patient days in month of Header Record End Date (or month-to-date). Includes patient days incurred by same day patients.

SUMMARY STATISTICS FINANCIAL YEAR-TO-DATE

Financial YTD – Admissions

Total admissions in the financial year of Header Record End Date: both formal and statistical, both same day and overnight.

Financial YTD – Separations

Total separations in the financial year of Header Record End Date: both formal and statistical, both same day and overnight.

Financial YTD – Statistical Separations

Total statistical separations in the financial year of Header Record End Date, both same day and overnight. These have also been included in Separations (previous field).

Financial YTD – Patient Days

Total patient days in the financial year of Header Record End Date. Includes patient days incurred by same day patients.

AIMS STATISTICS MONTH-TO-DATE

Optional. If not transmitting AIMS data, transmit spaces.

MTD – Private – Acute – Separations

Total separations of private acute patients (including DVA acute patients) in the month of Header Record End Date (or month-to-date): both formal and statistical, both same day and overnight.

MTD – Private – Acute – Patient Days

Total private acute (including DVA acute) patient days in the month of Header Record End Date (or month-to-date). Includes patient days incurred by same day patients.

MTD – Private – NHT – Separations

Total separations of private NHT patients (including DVA NHT patients) in the month of Header Record End Date (or month-to-date): both formal and statistical, both same day and overnight.

MTD – Private – NHT – Patient Days

Total private NHT (including DVA NHT) patient days in the month of Header Record End Date (or month-to-date). Includes patient days incurred by same day patients.

MTD – Compensable – Separations

Total separations of compensable patients in the month of Header Record End Date (or month-to-date): both formal and statistical, both same day and overnight.

MTD – Compensable – Patient Days

Total compensable patient days in the month of Header Record End Date (or month-to-date). Includes patient days incurred by same day

patients.

MTD – Ineligible – Separations

Total separations of ineligible patients in the month of Header Record End Date (or month-to-date): both formal and statistical, both same day and overnight.

MTD – Ineligible – Patient Days

Total ineligible patient days in the month of Header Record End Date (or month-to-date). Includes patient days incurred by same day patients.

MTD – Public – Under Contract – Separations

Total separations of public patients under contract in the month of Header Record End Date (or month-to-date): both formal and statistical, both same day and overnight.

MTD – Public – Under Contract – Patient Days

Total public under contract patient days in the month of Header Record End Date (or month-to-date). Includes patient days incurred by same day patients.

Filler

Spaces must be reported in this field, that is presently not in use.

SAME DAY SEPARATIONS

Separations counted in the following Same Day fields should have also been included in the above Separations field for the respective account category.

MTD – Private – Same Day

Total separations of private (including DVA) same day patients (being those with admission and separation dates the same) in the month of Header Record End Date (or month-to-date).

MTD – Compensable – Same Day

Total separations of compensable same day patients (being those with admission and separation dates the same) in the month of Header Record End Date (or month-to-date).

MTD – Ineligible – Same Day

Total separations of ineligible same day patients (being those with admission and separation dates the same) in the month of Header Record End Date (or month-to-date).

MTD – Public Under Contract – Same Day

Total separations of public under contract same day patients (being those with admission and separation dates the same) in the month of Header Record End Date (or month-to-date).

Filler

Spaces must be reported in this field, that is presently not in use.

Filler

Spaces must be reported in this field, that is presently not in use.

Trailer Record 1: Public Hospitals

Trailer Record 1: Public Hospitals File Structure

Note	Data Item	Field Size	Record Position	Datatype	Layout/Code Set
M	Transaction Type	2	1	A/N	T2
M	Hospital Code	3	3	A/N	NNN
	<i>Input Reconciliation</i>				
M	Total Number of Records	5	6	N	NNNNN
	<i>Episode Records</i>				
M	New	4	11	N	NNNN
M	Corrections	4	15	N	NNNN
M	Deletions	4	19	N	NNNN
	<i>Diagnosis Records</i>				
M	New	4	23	N	NNNN
M	Corrections	4	27	N	NNNN
M	Deletions	4	31	N	NNNN
	<i>DVA Records</i>				
M	New	4	35	N	NNNN
M	Corrections	4	39	N	NNNN
M	Deletions	4	43	N	NNNN
	<i>Sub-Acute Records</i>				
M	New	4	47	N	NNNN
M	Corrections	4	51	N	NNNN
M	Deletions	4	55	N	NNNN
	<i>Summary Statistics MTD</i>				
M	Admissions (includes Statistical)	4	59	N	NNNN
M	Separations (includes Statistical)	4	63	N	NNNN
M	Statistical Separations	4	67	N	NNNN
M	On Leave at End Date	3	71	N	NNN
M	Actual Remaining In at End Date	4	74	N	NNNN
M	Patient Days	5	78	N	NNNNN
	<i>Summary Statistics Financial Year to Date</i>				

Note	Data Item	Field Size	Record Position	Datatype	Layout/Code Set
M	Admissions (includes Statistical)	5	83	N	NNNNN
M	Separations (includes Statistical)	5	88	N	NNNNN
M	Statistical Separations	5	93	N	NNNNN
M	Patient Days	6	98	N	NNNNNN
1	<i>AIMS Statistics MTD</i>				
	<i>Public Hospitals only</i>				
	<i>Public-Acute</i>				
	Separations	4	104	N	NNNN or spaces
	Patient Days	5	108	N	NNNNN or spaces
	<i>Private-Acute</i>				
	Separations	4	113	N	NNNN or spaces
	Patient Days	5	117	N	NNNNN or spaces
	<i>Compensable- Acute</i>				
	Separations	4	122	N	NNNN or spaces
	Patient days	5	126	N	NNNNN or spaces
	<i>Ineligible - Acute</i>				
	Separations	4	131	N	NNNN or spaces
	Patient days	5	135	N	NNNNN or spaces
	<i>Public - NHT NH5</i>				
	Separations	4	140	N	NNNN or spaces
	Patient days	5	144	N	NNNNN or spaces
	<i>Public-NHT Non NH5</i>				
	Separations	4	149	N	NNNN or spaces
	Patient days	5	153	N	NNNNN or spaces
	<i>Private - NHT NH5</i>				
	Separations	4	158	N	NNNN or spaces
	Patient days	5	162	N	NNNNN or spaces
	<i>Private-NHT Non NH5</i>				
	Separations	4	167	N	NNNN or spaces
	Patient days	5	171	N	NNNNN or spaces
	<i>Compensable-Non-Acute</i>				
	Separations	4	176	N	NNNN or spaces
	Patient days	5	180	N	NNNNN or spaces
	<i>Ineligible-Non-Acute</i>				
	Separations	4	185	N	NNNN or spaces
	Patient days	5	189	N	NNNNN or spaces
	<i>Same Day Separations</i>				

Note	Data Item	Field Size	Record Position	Datatype	Layout/Code Set
	Public - Same Day	4	194	N	NNNN or spaces
	Private - Same Day	4	198	N	NNNN or spaces
	Compensable - Same Day	4	202	N	NNNN or spaces
	Ineligible - Same Day	4	206	N	NNNN or spaces
	<i>Unqualified newborns</i>				
	Number of Entirely Unqualified Episodes	3	210	N	NNN or spaces
	Number of Unqualified Days	4	213	N	NNNN or spaces
	Filler	24	217	A/N	Spaces
		Total:24 0			

All numeric fields must be right justified and zero-filled.

M Mandatory

1 Mandatory in transmissions with end of month file date

Reporting guide

Data Items

Transaction Type

The value identifying this Trailer Record is 'T2'.

Hospital Code

The recognised Hospital Code for your hospital (ANN).

INPUT RECONCILIATION

Total Number of Records

Total number of Records in this transmission file, that is total of the following twelve fields.

Episode Records - New

Total number of new Episode Records (E2) in this transmission file.

Episode Records - Corrections

Total number of Episode Record (E2) corrections and updates in this transmission file.

Episode Records – Deletions

Total number of Episode Record (E2) deletions in this transmission file.

Diagnosis Records – New

Total number of new Diagnosis Records (X2) in this transmission file.

Diagnosis Records – Corrections

Total number of Diagnosis Record (X2) corrections and updates in this transmission file.

Diagnosis Records – Deletions

Total number of Diagnosis Record (X2) deletions in this transmission file.

DVA Records – New

Total number of new DVA Records (V2) in this transmission file.

DVA Records – Corrections

Total number of DVA Record (V2) corrections and updates in this transmission file.

DVA Records – Deletions

Total number of DVA Record (V2) deletions in this transmission file.

Sub-Acute Records – New

Total number of new Sub-Acute Records (S2) in this transmission file.

Sub-Acute Records – Corrections

Total number of Sub-Acute Record (S2) corrections and updates in this transmission file.

Sub-Acute Records – Deletions

Total number of Sub-Acute Record (S2) deletions in this transmission file.

SUMMARY STATISTICS MONTH-TO-DATE

Summary Statistics MTD relate to episodes that will be funded by the Department; this includes episodes for qualified *and* unqualified newborns. Patient day counts include all patient days, including qualified and unqualified days.

MTD – Admissions

Total admissions in the month of Header Record End Date (or month-to-date): both formal and statistical, both same day and overnight, both qualified and unqualified newborns.

MTD – Separations

Total separations in the month of Header Record End Date (or month-to-date): both formal and statistical, both same day and overnight, both qualified and unqualified newborns.

MTD – Statistical Separations

Total *statistical* separations in the month of Header Record End Date (or month-to-date), both same day and overnight. These have also been included in Separations (previous field). Excludes all newborns, for whom there may be no Statistical Separations.

On Leave at End Date

Total admitted patients who are on leave at the Header Record End Date. Includes any newborns on leave, whether qualified or unqualified, although it is not expected that newborns will have periods of leave.

Actual Remaining in at End Date

Total admitted patients who remain as admitted patients at Header Record End Date (that is, not separated and not on leave) including qualified and unqualified newborns. The PRS/2 calculated total includes patients on leave but the Trailer Record total should not.

MTD – Patient Days

Total patient days in the month of Header Record End Date (or month-to-date). Includes patient days incurred by same day patients and days during which newborns were qualified and unqualified.

SUMMARY STATISTICS FINANCIAL YEAR-TO-DATE

Summary Statistics YTD relate to episodes that will be funded by the Department; this includes episodes for qualified *and* unqualified newborns. Patient day counts include all patient days, including qualified and unqualified days.

Financial YTD – Admissions

Total admissions in the financial year of Header Record End Date: both formal and statistical, both same day and overnight, both qualified and unqualified newborns.

Financial YTD – Separations

Total separations in the financial year of Header Record End Date: both formal and statistical, both same day and overnight, both qualified and unqualified newborns.

Financial YTD – Statistical Separations

Total *statistical* separations in the financial year of Header Record End Date, both same day and overnight. These have also been included in Separations (previous field). Excludes all newborns, qualified or unqualified, for whom there may be no Statistical Separations.

Financial YTD – Patient Days

Total patient days in the financial year of Header Record End Date. Includes patient days incurred by same day patients and days during which newborns were qualified and unqualified.

AIMS STATISTICS MONTH-TO-DATE

Optional. If not transmitting AIMS data, transmit spaces.

AIMS Statistics relate to figures to be reported by the Department to the Commonwealth and therefore must meet Commonwealth definitions.

- Entire episodes during which a newborn was unqualified are not reported to the Commonwealth and are therefore to be excluded from AIMS statistics.
- If an episode of a qualified newborn includes any days when the newborn was unqualified, those unqualified days are also to be excluded from AIMS statistics.
- Newborn episodes are unlikely to occur in some of the Account Classes.

MTD – Public – Acute – Separations

Total separations of public acute patients (including public patients under contract) in the month of Header Record End Date (or month-to-date): both formal and statistical, both same day and overnight. Includes separations of newborns qualified for all or part of the episode.

MTD – Public – Acute – Patient Days

Total public acute (including public under contract) patient days in the month of Header Record End Date (or month-to-date). Includes patient days incurred by same day patients. Includes patient days during which newborns were qualified.

MTD – Private – Acute – Separations

Total separations of private acute patients (including DVA acute patients, and public and DVA patients under contract) in the month of Header Record End Date (or month-to-date): both formal and statistical, both same day and overnight. Includes separations of newborns qualified for all or part of the episode. Includes separations of newborns qualified for all or part of the episode.

MTD – Private – Acute – Patient Days

Total private acute (including DVA acute, and public and DVA under contract) patient days in the month of Header Record End Date (or month-to-date). Includes patient days incurred by same day patients. Includes patient days during which newborns were qualified.

MTD – Compensable – Acute – Separations

Total separations of compensable acute patients in the month of Header Record End Date (or month-to-date): both formal and statistical, both same day and overnight.

MTD – Compensable – Acute – Patient Days

Total compensable acute patient days in the month of Header Record End Date (or month-to-date). Includes patient days incurred by same day patients.

MTD – Ineligible – Acute – Separations

Total separations of ineligible acute patients in the month of Header Record End Date (or month-to-date): both formal and statistical, both same day and overnight. Includes separations of newborns qualified for all or part of the episode.

MTD – Ineligible – Acute – Patient Days

Total ineligible acute patient days in the month of Header Record End Date (or month-to-date). Includes patient days incurred by same day patients. Includes patient days during which newborns were qualified.

MTD – Public – NHT NH5 – Separations

Total separations of public NHT NH5 patients in the month of Header Record End Date (or month-to-date): both formal and statistical, both same day and overnight.

MTD – Public – NHT NH5 – Patient Days

Total public NHT NH5 patient days in the month of Header Record End Date (or month-to-date). Includes patient days incurred by same

day patients.

MTD – Public – NHT Non NH5 – Separations

Total separations of public NHT non NH5 patients in the month of Header Record End Date (or month-to-date): both formal and statistical, both same day and overnight.

MTD – Public – NHT Non NH5 – Patient Days

Total public NHT non NH5 patient days in the month of Header Record End Date (or month-to-date). Includes patient days incurred by same day patients.

MTD – Private – NHT NH5 – Separations

Total separations of private NHT NH5 patients (including DVA NHT NH5 patients) in the month of Header Record End Date (or month-to-date): both formal and statistical, both same day and overnight.

MTD – Private – NHT NH5 – Patient Days

Total private NHT NH5 (including DVA NHT NH5) patient days in the month of Header Record End Date (or month-to-date). Includes patient days incurred by same day patients.

MTD – Private – NHT Non NH5 – Separations

Total separations of private NHT non NH5 patients (including DVA NHT non NH5 patients) in the month of Header Record End Date (or month-to-date): both formal and statistical, both same day and overnight.

MTD – Private – NHT Non NH5 – Patient Days

Total private NHT non NH5 (including DVA NHT non NH5) patient days in the month of Header Record End Date (or month-to-date). Includes patient days incurred by same day patients.

MTD – Compensable – Non-Acute – Separations

Total separations of compensable non-acute patients in the month of Header Record End Date (or month-to-date): both formal and statistical, both same day and overnight.

MTD – Compensable – Non-Acute – Patient Days

Total compensable non-acute patient days in the month of Header Record End Date (or month-to-date). Includes patient days incurred by same day patients.

MTD – Ineligible – Non-Acute – Separations

Total separations of ineligible non-acute patients in the month of Header Record End Date (or month-to-date): both formal and statistical, both same day and overnight.

MTD – Ineligible – Non-Acute – Patient Days

Total ineligible non-acute patient days in the month of Header Record End Date (or month-to-date). Includes patient days incurred by same day patients.

SAME DAY SEPARATIONS

Separations counted in the following *Same Day* fields should also have been included in the above AIMS Separations field of the respective account category. Same Day statistics are part of the AIMS reporting and therefore newborns are reported only according to AIMS requirements (qualified episodes and days only) although same day stays of qualified newborns will normally only occur when a newborn is transferred to another hospital or dies on the date of birth.

MTD – Public – Same Day

Total separations of public same day patients (including public same day patients under contract) (being those with admission and separation dates the same) in the month of Header Record End Date (or month-to-date). Includes same day separations of qualified newborns.

MTD – Private – Same Day

Total separations of private same day patients (including DVA, and private and DVA same day patients under contract) (being those with admission and separation dates the same) in the month of Header Record End Date (or month-to-date). Includes same day separations of qualified newborns.

MTD – Compensable – Same Day

Total separations of compensable same day patients (being those with admission and separation dates the same) in the month of Header Record End Date (or month-to-date).

MTD – Ineligible – Same Day

Total separations of ineligible same day patients (being those with admission and separation dates the same) in the month of Header Record End Date (or month-to-date). Includes same day separations of qualified newborns.

UNQUALIFIED EPISODES AND DAYS

These figures account for the unqualified episodes and unqualified days omitted from the AIMS figures but included in the Summary Statistics.

Number of Entirely Unqualified Episodes

Total number of unqualified newborn episodes in the month of Header Record End Date (or month-to-date) where, for the entire duration of the stay, the newborn was classed as Unqualified.

Number of Unqualified Days

Total number of unqualified newborn days in the month of Header Record End Date (or month-to-date). Includes unqualified newborn days in episodes where newborn is classed as unqualified for entire duration of stay, and unqualified newborn days in episodes where, for a period of the stay, the newborn was classed as qualified.

Filler

Spaces must be reported in this field, that is presently not in use.

Trailer Record 2: Private Hospitals and Day Procedure Centres

Trailer Record 2: Private Hospitals and Day Procedure Centres File Structure

Note	Data Item	Field Size	Record Position	Datatype	Layout/Code Set
M	Transaction Type	2	1	A/N	U2
M	Hospital Code	3	3	A/N	NNN
1	<i>AIMS Statistics YTD and Total Patient days: Private Hospitals, Day Procedure Centres Only</i>				
	<i>Private - Acute</i>				
	YTD Separations	5	6	N	NNNNN or spaces
	YTD Patient Days	6	11	N	NNNNNN or spaces
	Total Patient Days for YTD Separations	6	17	N	NNNNNN or spaces
	<i>Private - NHT</i>				
	YTD Separations	5	23	N	NNNNN or spaces
	YTD Patient Days	6	28	N	NNNNNN or spaces
	Total Patient Days for YTD Separations	6	34	N	NNNNNN or spaces
	<i>Compensable</i>				
	YTD Separations	5	40	N	NNNNN or spaces
	YTD Patient Days	6	45	N	NNNNNN or spaces
	Total Patient Days for YTD Separations	6	51	N	NNNNNN or spaces
	<i>Ineligible</i>				
	YTD Separations	5	57	N	NNNN or spaces
	YTD Patient Days	6	62	N	NNNNNN or spaces
	Total Patient Days for YTD Separations	6	68	N	NNNNNN or spaces
	<i>Public - Under Contract</i>				
	YTD Separations	5	74	N	NNNNN or spaces
	YTD Patient Days	6	79	N	NNNNNN or spaces
	Total Patient Days for YTD Separations	6	85	N	NNNNNN or spaces

Note	Data Item	Field Size	Record Position	Datatype	Layout/Code Set
	Separations				
	Filler	17	91	N	Zeros or spaces
	<i>Same Day Separations</i>				
	YTD Private - Same Day	5	108	N	NNNNN or spaces
	YTD Compensable - Same Day	5	113	N	NNNNN or spaces
	YTD Ineligible - Same Day	5	118	N	NNNNN or spaces
	YTD Public - Under Contract - Same Day	5	123	N	NNNNN or spaces
	Filler	5	128	N	Zeros or spaces
	Filler	108	133	A/N	Spaces
		Total: 240			

All numeric fields must be right justified and zero-filled.

M Mandatory

1 Mandatory in transmissions with end of month file date

Reporting guide

Data Items

Transaction Type

The value identifying this trailer record is 'U2'.

Hospital Code

The recognised Hospital Code for your hospital (ANN).

AIMS STATISTICS FINANCIAL YEAR-TO-DATE AND TOTAL PATIENT DAYS

Optional. If not transmitting AIMS data, transmit spaces.

YTD – Private – Acute – Separations

Total separations of private acute patients (including DVA acute patients) in the financial year of Header Record End Date (or year-to-date): both formal and statistical, both same day and overnight.

YTD – Private – Acute – Patient Days

Total private acute (including DVA acute) patient days in the financial year of Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

Private – Acute – Total Patient Days for YTD Separations

Total private acute (including DVA acute) patient days for separations in the financial year of the Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

YTD – Private – NHT – Separations

Total separations of private NHT patients (including DVA NHT patients) in the financial year of Header Record End Date (or financial year-to-date): both formal and statistical, both same day and overnight.

YTD – Private – NHT – Patient Days

Total private NHT (including DVA NHT) patient days in the financial year of Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

Private – NHT – Total Patient Days for YTD Separations

Total private NHT (including DVA NHT) patient days for separations in the financial year of the Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

YTD – Compensable – Separations

Total separations of compensable patients in the financial year of Header Record End Date (or financial year-to-date): both formal and statistical, both same day and overnight.

YTD – Compensable – Patient Days

Total compensable patient days in the financial year of Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

Compensable – Total Patient Days for YTD Separations

Total compensable patient days for separations in the financial year of the Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

YTD – Ineligible – Separations

Total separations of ineligible patients in the financial year of Header Record End Date (or financial year-to-date): both formal and statistical, both same day and overnight.

YTD – Ineligible – Patient Days

Total ineligible patient days in the financial year of Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

Ineligible – Total Patient Days for YTD Separations

Total ineligible patient days for separations in the financial year of the Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

YTD – Public – Under Contract – Separations

Total separations of public patients under contract in the financial year of Header Record End Date (or financial year-to-date): both formal and statistical, both same day and overnight.

YTD – Public – Under Contract – Patient Days

Total public under contract patient days in the financial year of Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

Public – Under Contract – Total Patient Days for YTD Separations

Total public under contract patient days for separations in the financial year of the Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

Filler

Spaces must be reported in this field, that is presently not in use.

SAME DAY SEPARATIONS

Separations counted in the following *Same Day* fields should have also been included in the above Separations field for the respective account category.

YTD – Private – Same Day

Total separations of private (including DVA) same day patients (being those with admission and separation dates the same) in the financial year of Header Record End Date (or month-to-date).

YTD – Compensable – Same Day

Total separations of compensable same day patients (being those with admission and separation dates the same) in the financial year of Header Record End Date (or month-to-date).

YTD – Ineligible – Same Day

Total separations of ineligible same day patients (being those with admission and separation dates the same) in the financial year of Header Record End Date (or month-to-date).

YTD – Public Under Contract – Same Day

Total separations of public under contract same day patients (being those with admission and separation dates the same) in the financial year of Header Record End Date (or month-to-date).

Filler

Spaces must be reported in this field, that is presently not in use.

Filler

Spaces must be reported in this field, that is presently not in use.

Trailer Record 2: Public Hospitals

Trailer Record 2: Public Hospitals File Structure

Note	Data Item	Field Size	Record Position	Datatype	Layout/Code Set
M	Transaction Type	2	1	A/N	U2
M	Hospital Code	3	3	A/N	NNN
1	<i>AIMS Statistics YTD and Total Patient days: Public Hospitals Only</i>				
	<i>Public – Acute</i>				
	YTD Separations	5	6	N	NNNNN or spaces
	YTD Patient Days	6	11	N	NNNNNN or spaces
	Total Patient Days for YTD Separations	6	17	N	NNNNNN or spaces
	<i>Private - Acute</i>				
	YTD Separations	5	23	N	NNNNN or spaces
	YTD Patient Days	6	28	N	NNNNNN or spaces
	Total Patient Days for YTD Separations	6	34	N	NNNNNN or spaces
	<i>Compensable - Acute</i>				
	YTD Separations	5	40	N	NNNNN or spaces
	YTD Patient Days	6	45	N	NNNNNN or spaces
	Total Patient Days for YTD Separations	6	51	N	NNNNNN or spaces
	<i>Ineligible - Acute</i>				
	YTD Separations	5	57	N	NNNN or spaces
	YTD Patient Days	6	62	N	NNNNNN or spaces
	Total Patient Days for YTD Separations	6	68	N	NNNNNN or spaces
	<i>Public — NHT NH5</i>				
	YTD Separations	5	74	N	NNNNN or spaces
	YTD Patient Days	6	79	N	NNNNNN or spaces
	Total Patient Days for YTD Separations	6	85	N	NNNNNN or spaces
	<i>Public — NHT Non NH5</i>				
	YTD Separations	5	90	N	NNNNN or spaces

Note	Data Item	Field Size	Record Position	Datatype	Layout/Code Set
	YTD Patient Days	6	96	N	NNNNNN or spaces
	Total Patient Days for YTD Separations	6	102	N	NNNNNN or spaces
	<i>Private — NHT NH5</i>				
	YTD Separations	5	108	N	NNNNN or spaces
	YTD Patient Days	6	113	N	NNNNNN or spaces
	Total Patient Days for YTD Separations	6	119	N	NNNNNN or spaces
	<i>Private — NHT Non NH5</i>				
	YTD Separations	5	125	N	NNNNN or spaces
	YTD Patient Days	6	130	N	NNNNNN or spaces
	Total Patient Days for YTD Separations	6	136	N	NNNNNN or spaces
	<i>Compensable — Non-Acute</i>				
	YTD Separations	5	142	N	NNNNN or spaces
	YTD Patient Days	6	147	N	NNNNNN or spaces
	Total Patient Days for YTD Separations	6	153	N	NNNNNN or spaces
	<i>Ineligible — Non-Acute</i>				
	YTD Separations	5	159	N	NNNNN or spaces
	YTD Patient Days	6	164	N	NNNNNN or spaces
	Total Patient Days for YTD Separations	6	170	N	NNNNNN or spaces
	<i>Same Day Separations</i>				
	YTD Public — Same Day	5	176	N	NNNNN or spaces
	YTD Private — Same Day	5	181	N	NNNNN or spaces
	YTD Compensable — Same Day	5	186	N	NNNNN or spaces
	YTD Ineligible — Same Day	5	191	N	NNNNN or spaces
	Unqualified Newborns				
	Number of Entirely Unqualified Episodes	4	196	N	NNNN or spaces
	Number of Unqualified Days	5	200	N	NNNNN or spaces
	Filler	36	205	A/N	Spaces
		Total 240			

All numeric fields must be right justified and zero-filled.

M Mandatory

1 Mandatory in transmissions with end of month file date

Reporting guide

Data Items

Transaction Type

The value identifying this trailer record is 'U2'.

Hospital Code

The recognised Hospital Code for your hospital (ANN).

AIMS STATISTICS FINANCIAL YEAR-TO-DATE AND TOTAL PATIENT DAYS

Optional. If not transmitting AIMS data, transmit spaces.

AIMS Statistics relate to figures to be reported by the Department to the Commonwealth and therefore must meet Commonwealth definitions.

- Entire episodes during which a newborn was unqualified are not reported to the Commonwealth and are therefore to be excluded from AIMS statistics.
- If an episode of a qualified newborn includes any days when the newborn was unqualified, those unqualified days are also to be excluded from AIMS statistics.
- Newborn episodes are unlikely to occur in some of the Account Classes.

YTD – Public – Acute – Separations

Total separations of public acute patients (including public patients under contract) in the financial year of Header Record End Date (or financial year-to-date): both formal and statistical, both same day and overnight. Includes separations of newborns qualified for all or part of the episode.

YTD – Public – Acute – Patient Days

Total public acute (including public under contract) patient days in the financial year of Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients. Includes patient days during which newborns were qualified.

Public – Acute – Total Patient Days for YTD Separations

Total public acute (including public under contract) patient days for separations in the financial year of the Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients. Includes patient days during which newborns separated YTD

were qualified.

YTD – Private – Acute – Separations

Total separations of private acute patients (including DVA acute patients, and private and DVA patients under contract) in the financial year of Header Record End Date (or financial year-to-date): both formal and statistical, both same day and overnight. Includes separations of newborns qualified for all or part of the episode.

YTD – Private – Acute – Patient Days

Total private acute (including DVA acute, and private and DVA under contract) patient days in the financial year of Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients. Includes patient days during which newborns were qualified.

Private – Acute – Total Patient Days for YTD – Separations

Total private acute (including DVA acute, and private and DVA under contract) patient days for separations in the financial year of the Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients. Includes patient days during which newborns separated YTD were qualified.

YTD – Compensable – Acute – Separations

Total separations of compensable acute patients in the financial year of Header Record End Date (or financial year-to-date): both formal and statistical, both same day and overnight.

YTD – Compensable – Acute Patient Days

Total compensable acute patient days in the financial year of Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

Compensable – Acute – Total Patient Days for YTD Separations

Total compensable acute patient days for separations in the financial year of the Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

YTD – Ineligible – Acute – Separations

Total separations of ineligible acute patients in the financial year of Header Record End Date (or financial year-to-date): both formal and statistical, both same day and overnight. Includes separations of newborns qualified for all or part of the episode.

YTD – Ineligible – Acute – Patient Days

Total ineligible acute patient days in the financial year of Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients. Includes patient days during which newborns were qualified.

Ineligible – Acute – Total Patient Days for YTD Separations

Total ineligible acute patient days for separations in the financial year of the Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients. Includes patient days during which newborns separated YTD were qualified.

YTD – Public – NHT NH5 – Separations

Total separations of public NHT NH5 patients in the financial year of Header Record End Date (or financial year-to-date): both formal and statistical, both same day and overnight.

YTD – Public – NHT NH5 – Patient Days

Total public NHT NH5 patient days in the financial year of Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

Public – NHT NH5 – Total Patient Days For YTD Separations

Total public NHT NH5 patient days for separations in the financial year of the Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

YTD – Public – NHT Non NH5 – Separations

Total separations of public NHT non NH5 patients in the financial year of Header Record End Date (or financial year-to-date): both formal and statistical, both same day and overnight.

YTD – Public – NHT Non NH5 – Patient Days

Total public NHT non NH5 patient days in the financial year of Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

Public – NHT Non NH5 – Total Patient Days For YTD Separations

Total public NHT non NH5 patient days for separations in the financial year of the Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

YTD – Private – NHT NH5 – Separations

Total separations of private NHT NH5 patients (including DVA NHT NH5 patients) in the financial year of Header Record End Date (or financial year-to-date): both formal and statistical, both same day and overnight.

YTD – Private – NHT NH5 – Patient Days

Total private NHT NH5 (including DVA NHT NH5) patient days in the financial year of Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

Private – NHT NH5 – Total Patient Days For YTD Separations

Total private NHT NH5 (including DVA NHT NH5) patient days for separations in the financial year of the Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

YTD – Private – NHT Non NH5 – Separations

Total separations of private NHT non NH5 patients (including DVA NHT non NH5 patients) in the financial year of Header Record End Date (or financial year-to-date): both formal and statistical, both same day and overnight.

YTD – Private – NHT Non NH5 – Patient Days

Total private NHT non NH5 (including DVA NHT non NH5) patient days in the financial year of Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

Private – NHT Non NH5 – Total Patient Days For YTD Separations

Total private NHT non NH5 (including DVA NHT non NH5) patient days for separations in the financial year of the Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

YTD – Compensable – Non-Acute – Separations

Total separations of compensable non-acute patients in the financial year of Header Record End Date (or financial year-to-date): both formal and statistical, both same day and overnight.

YTD – Compensable – Non-Acute – Patient Days

Total compensable non-acute patient days in the financial year of Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

Compensable – Non-Acute – Total Patient Days For YTD Separations

Total compensable non-acute patient days for separations in the financial year of the Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

YTD – Ineligible – Non-Acute – Separations

Total separations of ineligible non-acute patients in the financial year of Header Record End Date (or financial year-to-date): both formal and statistical, both same day and overnight.

YTD – Ineligible – Non-Acute – Patient Days

Total ineligible non-acute patient days in the financial year of Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

Ineligible – Non-Acute – Total Patient Days For YTD Separations

Total ineligible non-acute patient days for separations in the financial year of the Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

SAME DAY SEPARATIONS

Separations counted in the following *Same Day* fields should also have been included in the above AIMS Separations field of the respective account category. Same Day statistics are part of the AIMS reporting and therefore newborns are reported only according to AIMS requirements (qualified episodes only) although same day stays of qualified newborns will normally only occur when a newborn is transferred to another hospital or dies on the date of birth.

YTD – Public – Same Day

Total separations of public same day patients (including public same day patients under contract) (being those with admission and separation dates the same) in the financial year of Header Record End Date (or month-to-date). Includes same day separations of qualified newborns.

YTD – Private – Same Day

Total separations of private same day patients (including DVA, and private and DVA same day patients under contract) (being those with admission and separation dates the same) in the financial year of Header Record End Date (or month-to-date). Includes same day separations of qualified newborns.

YTD – Compensable – Same Day

Total separations of compensable same day patients (being those with admission and separation dates the same) in the financial year of Header Record End Date (or month-to-date).

YTD – Ineligible – Same Day

Total separations of ineligible same day patients (being those with admission and separation dates the same) in the financial year of Header Record End Date (or month-to-date). Includes same day separations of qualified newborns.

UNQUALIFIED EPISODES AND DAYS

These figures account for the unqualified episodes and unqualified days omitted from the AIMS figures but included in the Summary Statistics in Trailer Record 1.

Number Of Entirely Unqualified Episodes

Total number of Unqualified newborn episodes in the financial year of Header Record End Date (or month-to-date) where, for the entire duration of the stay, the newborn was classed as Unqualified.

Number Of Unqualified Days

Total number of Unqualified newborn days in the financial year of Header Record End Date (or month-to-date). Includes Unqualified newborn days in episodes where newborn is classed as Unqualified for entire duration of stay, and Unqualified newborn days in episodes where, for a period of the stay, the newborn was classed as Qualified.

Filler

Spaces must be reported in this field, that is presently not in use.

Data Transmission Scheduling

A hospital may transmit data via its nominated PRS/2 system as frequently as desired, but must meet the requirements set out below.

Public hospitals

The following information has been published in *Victoria—Public Hospitals Policy and Funding Guidelines 2000—2001*, in Section B: Conditions of Funding: Acute Health.

Transmission of Admitted Patient Data.

The hospital will transmit data to the Victorian Admitted Episodes Dataset (VAED) via PRS/2 according to the timelines detailed in clauses (a) and (b).

- Admission and separation details for any month are to be transmitted in time for the VAED file consolidation on the 21st day of the following month (see (d) below for processing schedule).
- Diagnosis and procedure and sub-acute details in any month are to be transmitted in time for the VAED file consolidation on the 21st day of the second month following (see (d) below for processing schedule).
- Data for the financial year should be completed in time for the VAED file consolidation on 21 August. Any corrections must be transmitted before finalisation of the VAED database on 21 September.
- It is the hospital's responsibility to ensure that data are transmitted to the VAED to meet the processing schedule for inclusion in the Allegiance Systems file consolidation on the 21st of each month. Because of the various methods of transmission used by hospitals, and Allegiance Systems' processing schedules, data must be transmitted by the PRS/2 feeder systems to the VAED by, at the latest, the 17th day of each month; however, weekends or public holidays may bring the effective deadline forward to the 14th day.
- WIES8 and sub-acute payments will be:
 - fully paid for data originally submitted in accordance with the deadlines specified in clauses (a) and (b) above, even if data is subsequently amended; or
 - paid at a reduced rate (50 percent), or not recognised for payment, according to Schedules 2.1 and 2.2 located at the end of this section if the data has not been submitted in accordance with either deadline specified in clauses (a) and (b) above; or
 - not recognised for payment, if data have not been submitted in accordance

with both deadlines specified in clauses (a) and (b) above.

This clause applies to all account classes including DVA.

- If difficulties are anticipated in meeting the relevant data transmission timeframes for either admission and separation data, or diagnosis and procedure details, the hospital must write to the Department, indicating the nature of the difficulties, remedial action being taken, and the expected transmission schedule. Exemptions for late submission of data will generally only be considered for computer system problems that are beyond the control of the hospital. (Hospitals undertaking the PRS/2 data submission testing process are automatically exempted.) Exemptions for late submission of admission and separation data will also be considered for staffing problems that are beyond the control of the small rural hospitals. Exemptions for late submission of admission and separation data will be automatically granted to hospitals maintaining a consistently high level of timely data submission.
- Data should be reconciled after each transmission against the hospital's in-house computer or manual systems and against the Monthly Return-Admitted Patients and any required corrections transmitted with data for the subsequent period.

Private hospitals

Private hospitals are expected to adhere to the same timelines as Public hospitals (detailed above.).

Timelines for Receipt of Admission and Separation Details (E2)

VAED Consolidation Date

Month of Sepn	21 Sep 2000	21 Oct	21 Nov	21 Dec	21 Jan 2001	21 Feb	21 Mar	21 Apr	21 May	21 June	21 July	21 Aug	21 Sep
July	Full	Full	Full	Half	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Aug	Full	Full	Full	Half	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Sep		Full	Full	Half	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Oct			Full	Half	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Nov				Full	Half	Half	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Dec					Full	Half	Half	Nil	Nil	Nil	Nil	Nil	Nil
Jan						Full	Half	Half	Nil	Nil	Nil	Nil	Nil
Feb							Full	Half	Half	Nil	Nil	Nil	Nil
Mar								Full	Half	Half	Nil	Nil	Nil
Apr									Full	Half	Half	Nil	Nil
May										Full	Half	Half	Nil
June											Full	Half	Nil

Timelines for Receipt of Diagnosis and Procedure (X2, Y2) and Sub-Acute Details (S2)

VAED Consolidation Date

Month of Sepn	21 Sep 2000	21 Oct	21 Nov	21 Dec	21 Jan 2001	21 Feb	21 Mar	21 Apr	21 May	21 June	21 July	21 Aug	21 Sep
July	Full	Full	Full	Half	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Aug		Full	Full	Half	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Sep			Full	Half	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Oct				Full	Half	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Nov					Full	Half	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Dec						Full	Half	Nil	Nil	Nil	Nil	Nil	Nil
Jan							Full	Half	Nil	Nil	Nil	Nil	Nil
Feb								Full	Half	Nil	Nil	Nil	Nil
Mar									Full	Half	Nil	Nil	Nil
Apr										Full	Half	Nil	Nil
May											Full	Half	Nil
June												Full	Half

PRS/2 Interfacing: Technical Specifications

Hardware/Software Requirements

The minimum hardware configuration required to meet the common standard data communications platform for RASTAS is as follows. (RASTAS is the Allegiance replacement product for RCS/BUR.)

- IBM PC (or compatible)
- WIN95 or greater (The product has been designed to run on WIN95, WIN98 and WIN-NT4)
- RASTAS v1.0 or greater
- A high speed modem (minimum 28.8 kbs). Modems below this minimum may encounter transmission problems. Such problems are outside the scope of RASTAS support.

Data Transmission Standards

For PRS/2 data transmissions, record formats are described in Sections 3 and 5.

These record formats or inputs to the common standard data communications platform will be sent in the form of printable ASCII CR/LF delimited data files generated from the respective non-Allegiance Systems hospital management systems, and copied to the nominated DOS send drive/path on the same hard disk drive of the PC where RASTAS software is installed.

Before the file is transferred, the hospital must copy the file to the correct Data Type: 'copy HHCnnnn.XMT PRS2 ' will create a copy of the XMT file, and call it PRS2.

If the file is a test only, it is copied as follows: 'copy HHCnnnn.XMT PRS2TEST'.

Data sent via disk requires the file name in the format shown below. The file should not be placed within a sub-directory on the disk.

The label HHCnnnn.XMT comprises:

HHH	Appropriate Hospital code (3 character – Alpha, Num, Num)(Note 1)
C	Prefix indicating Patient Data (1 character – always C)
nnnn	4 numerics (Note 2)
.XMT	Transmission file extension (always .XMT)

Notes:

1. Assigned by Allegiance Systems.
2. These four numerics are for internal hospital control purposes and could be, for instance:

MMYY	Month and year of data cut-off date (if one transmission per month)
DDMM	Day and month of data cut-off date
MMDD	Month and day of data cut-off date

Transmission Modes

All alternatives to RASTAS may attract management/handling charges. Users contemplating using alternatives should negotiate directly with Allegiance Systems.

An acceptable mode of transmission is magnetic 5.25” or 3.5” floppy disks. Disks must be clearly labeled externally. The following information items are suggested for the label:

Hospital name; Hospital code; System name ('PRS/2'); declare 'Test' or 'Live'; Month and Year of data (if a full month) or Start and End dates of data (if not a full month).

PRS/2 Testing

PRS/2 is the interface between Victorian hospital patient management systems and the Victorian Admitted Episodes Dataset (VAED), managed by the Department of Human Services (DHS).

When PRS/2 testing is necessary

The transmission of test data to PRS/2 (before it can transmit data to the live system) is necessary when a hospital:

- Is a new facility and begins transmission of data to PRS/2.
- Changes software supplier for their patient management system.
- Recommences transmission after a break where data will not be recovered (that is, a hospital's data had not reached 30 June when the year's file was closed on 21 September).

Why PRS/2 testing is necessary

PRS/2 testing seeks to ensure that:

- The PRS/2 interface is functioning correctly.
- The in-house system is correctly calculating patient days and leave days.
- Totals reported in trailer records are correct so the hospital can make a reconciliation of in-house counts with PRS/2 counts.
- Only quality data are reported to the VAED.

Transmitting Data to the PRS/2 Test System

Testing involves compiling and transmitting data for two consecutive months, from the same financial year, to Allegiance Systems for processing on the separate PRS/2 test system. These transmissions should include all admissions, separations and a substantial proportion (at least 85%) of Diagnosis Records. Following each test, PRS/2 produces a Transmission Control Report. Copies of this report are sent to, and analysed by, the hospital, Allegiance Systems and the Department.

To obtain an information kit on PRS/2 Testing, contact the HDSS Help Desk on 9616 8141.