

***Section 7:  
Control Reports &  
Reconciliation***

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# ***Introduction***

This section provides a guide on how to interpret PRS/2 Transmission [Control] Reports and how to reconcile these reports with the hospital's in-house data. The section includes examples of PRS/2 reports, in their format as of 1 July 2002, including an example, and explanation of shaded 'banner' headings for each report 'page'. (Due to the continuous development of the PRS/2 system and submission process the format of the reports may be revised throughout the year; however, the reconciliation process will not change.)

The Control Reports generated when PRS/2 processes a file submitted by the hospital enable the hospital to verify that the data transmitted to PRS/2 has been accurately and completely received.

Allegiance Systems distributes reports in sealed clear plastic wrappers, through which the hospital name and contact person's title are visible. This is further enclosed within a sealed paper envelope or courier pack.

*Reports should be checked and reconciled promptly on receipt. All identified errors then need to be corrected within the hospital's information system, to ensure that corrected records can be re-transmitted to PRS/2.*

Hospitals should receive reports within two working days of the transmission being processed by Allegiance Systems. (Please allow sufficient time for delivery of your disk to Allegiance Systems.) Generally, if using disk to transfer data files, you should receive your report within seven working days of sending the disk to Allegiance Systems.

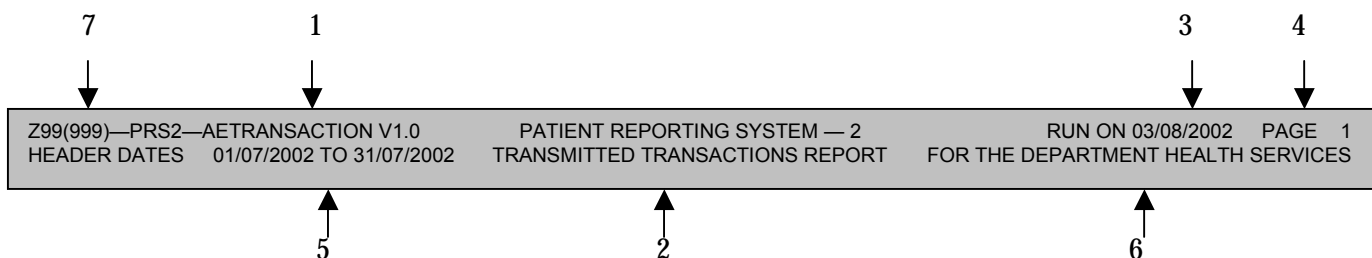
Hospitals whose reports are *posted* by Allegiance Systems will receive their disk with the report. Other facilities will receive their disk under separate cover. Allegiance Systems dispatches each disk in the packaging in which the hospital sent it.

Each part of the Transmission Control and Reconciliation Reports is described in the following section; after each description, there are notes on the action to be taken to identify and rectify problems or discrepancies. At the end of the section, there is a description of the reconciliation process.

# ***Transmission Control and Reconciliation Reports: Components***

Each sheet of paper is printed on two sides; in general, each side has two 'pages' printed on it, one above the other. Each 'page' begins with a shaded banner identifying:

- 1 Allegiance Systems' report identification number
- 2 Title of component of the report
- 3 Date the report was run (Run Date)
- 4 Report page number
- 5 Header Dates (from the Header Record for that transmission)
- 6 Hospital name
- 7 Hospital Code



The following reports are produced for the hospital by Allegiance Systems. Reports 3 and 9 are only sent following an end of month transmission, whilst the others are sent after each transmission.

- 1 Front Cover (see page 7-4)**  
Identifies hospital and contact person by title. May be followed by a page of PRS/2 News (information messages).
- 2 Transmitted Transactions Report (see page 7-6)**  
Includes several sections including transaction counts, messages from Allegiance and the Department, a list of edit message numbers and titles, and a report of the transactions processed.
- 3 User Reconciliation (see page 7-29)**  
Compares summary statistics provided by the hospital in the Trailer Record with PRS/2 calculations for reconciliation of month-to-date and financial year-to-date figures.
- 4 Separations and Outstanding Diagnoses for the Period (see page 7-51)**  
Tabulates, for current and previous calendar years, separations and diagnoses in PRS/2 to enable hospital to monitor submission of diagnoses.
- 5 Census Report (see page 7-53)**  
Lists each patient without a separation date at the Header End Date, for checking against the hospital's census report for that date to identify any admissions or separations

missing from PRS/2. Note that a Census Report for a day that is not the Header End Date can be ordered as a Request Report (see Section 6).

**6 Sub-Acute Separations and Outstanding Sub-Acute Records for the Period (see page 7-53)**

Tabulates, for the current and previous calendar year, sub-acute separations (Care Types 2, 6, 7, 8, 9, E and F) and S2 records in PRS/2 to enable hospital to monitor submission of S2 records.

**7 Episodes containing 'HITH' Days for the Period (see page 7-57)**

Tabulates, for current and previous calendar years, HITH episodes in PRS/2 to enable hospital to monitor submission of HITH data.

**8 Back Cover (see page 7-59)**

Identifies end of report for this hospital.

The following special reports are produced for the hospital by Allegiance Systems only for particular types of patients or if generated by an end of month transmission; these are sent within another pair of Front and Back Covers.

**9 WorkCover Admitted Patient VIC-DRG Statements (see page 7-61)**

Public hospitals only: Sets out the information to accompany the hospital's invoice for any Victorian WorkCover Authority episode for which this transmission submitted (or re-submitted) information needed in allocation of the DRG.

**10 Hospital Activity and WIES Report (see page 7-63)**

Public hospitals only: Summary of WIES data.

# ***Front Cover***

***Purpose*** To identify the hospital and contact person by title.

***Description*** Shows

- Hospital codes (both Allegiance and DHS)
- Hospital Name
- Contact Person's Title
- Process Number
- Date and Time Transmission Processing started
- Date and Time Transmission Report was Printed
- Date and Time Transmission ['Submission'] received at Allegiance

***Action*** Ensure that the report is forwarded to the appropriate contact within your hospital.

If any details change (hospital name or title of contact person) it is important to notify Allegiance Systems so that corrections can be made.

***Additional Information*** The inside front cover may also be an 'Additional Information Page' by which the Department and/or Allegiance Systems can distribute urgent messages.

Logo

**ALLEGIANCE  
SYSTEMS**

Quality  
Endorsed  
Company Logo

**ALLEGIANCE CODE Z99**

**DHS CODE 999  
THE DEPARTMENT HEALTH SERVICE**

**VAED  
999/CONTROL**

DESPATCH TO Z99#BY DX SACHEL  
ATTN: H. WORKER

DWH PROCESS NUMBER 520999  
DWH PROCESS START DATETIME 16/08/2002 20:16:21  
DATE REPORT PRINTED 17/08/2002 10:41:40  
SUBMISSION RECEIVED 16/08/2002 16:31:32

\*\*\*\*\*

ATTENTION PRS2 USERS  
FILES WITH JULY 2002 HEADER DATES ARE NOW  
BEING PROCESSED

Allegiance Systems Response Centre: (03)9541-7575 or 1800-331-946 or Fax (03)9544-3047

# ***Transmitted Transactions Report***

***Purpose*** To enable the hospital to confirm that the correct number of records were sent and received. To identify error records and the allocated edits so that corrective action can be taken.

The Transmitted Transactions Report has three main sections:

## ***Section 1*** **Messages**

Provides any messages from the Department or Allegiance Systems that are relevant to PRS/2 or VAED.

### **Transaction Count** (see page 7-7)

Provides summary feedback on the outcome of processing records in this transmission, detailing the number of records sent, received, accepted, rejected and with a warning edit.

### **Edit Messages Number and Titles**

Lists all the PRS/2 edit message numbers and titles for easy reference. It is recommended that users refer to Section 8 *Editing* for full explanations and recommended remedies of each edit message.

## ***Section 2*** **Report of Transactions Processed** (see pages 7-13, 20, 23 and 26)

Provides individual episode submissions, detailing all PRS/2 fields and allocated edit numbers.

## ***Section 3*** **Transaction Count** (see page 7-7)

Provides summary feedback on the outcome of processing records in this transmission, detailing the number of records sent, received, accepted, rejected and with a warning edit.

[A repeat of the Transaction Count in Section1].

---

# Transaction Count

---

<b>Purpose</b>	To enable the hospital to confirm the total number of records sent by their in-house system, and received by PRS/2. To provide a count of the number of records accepted, rejected and with a warning edit.
<b>Description</b>	<p>Printed twice within report as first and last pages.</p> <p>Lists counts for:</p> <ul style="list-style-type: none"><li>• Episode Records (E2)</li><li>• Diagnosis Records (X2, Y2)</li><li>• DVA/TAC Records (V2)</li><li>• Sub-Acute Records (S2)</li></ul> <p>by subsections:</p> <ul style="list-style-type: none"><li>• New (those records with <i>Unique Keys</i> not yet recorded in PRS/2)</li><li>• Correction (updates to records with <i>Unique Keys</i> already recorded)</li><li>• Deletion</li></ul> <p>Details the counts for each type of record the hospital's Trailer Record (T2) reports as transmitted, under the column:</p> <ul style="list-style-type: none"><li>• Expected / Sent</li></ul> <p>Details the counts for each type of record PRS/2 has received in the transmission, under the columns:</p> <ul style="list-style-type: none"><li>• Received</li><li>• Accepted</li><li>• Rejected</li><li>• Warnings (as records are Accepted they are also counted in the Accepted column)</li></ul> <p>Details the report parameters of the transmission, as notified in the Header Record are specified as:</p> <ul style="list-style-type: none"><li>• Batch ID: Start Date</li><li>• Batch ID: End Date</li><li>• Average Available Beds Declared in Header</li></ul>

The rest of the page displays messages relating to the report transmission or processing of the data. These may include:

- The following parameters have been passed to the request suite:  
[Details any reports requested by the hospital in the Header Record]
- Error in Report Request:  
[Details any problems arising during the processing of the report request]

**Action**

For Episode Records, compare the total Expected/Sent with the total Received.

- The totals should be equal (see below for action if this is not so)
- In turn, the total should equal the sum of Accepted and Rejected records.

Note the number of Episode Records allocated Rejections and Warnings. These records will appear, in detail, in the *Report of Transactions Processed* and each will require action appropriate to the Edit Message number.

Repeat this comparison for the Diagnosis Records, DVA/TAC Records and Sub-Acute Records.

**Action if sum of  
NEW +  
CORRECTIONS  
+ DELETIONS  
differ between  
Header Record  
and PRS/2**

Although the split between NEW, CORRECTIONS and DELETIONS may differ between the Trailer Record and PRS/2 figures, it is *very rare* that the totals do not equate (in the example below, both Expected/Sent and Received have the same total although the distribution between NEW and CORRECTION is different).

If any inequalities in totals *are* observed, this indicates a problem with the compilation of the transmission: the in-house software has compiled (or indicates it has compiled) more, or fewer, records into the transmission data file than PRS/2 has received.

Because PRS/2 processes only what it receives, this will probably mean the in-house software is erroneously counting record totals: check promptly with your software supplier.

## Sample Message Page

```
*****
ATTENTION PRS2 USERS

FILES WITH JULY 2002 HEADER DATES ARE NOW
BEING PROCESSED.
```

## Sample Transaction Count Page

```
Z99 (999)-PRS2-AETRANSACTION V1.0    PATIENT REPORTING SYSTEM - 2    ON 17/08/2002    PAGE 1
HEADER DATES 01/07/2002 TO 31/07/2002 TRANSMITTED TRANSACTIONS REPORT FOR DEPARTMENT HEALTH SERVICE
```

	EXPECTED/SENT	RECEIVED	ACCEPTED	REJECTED	WARNINGS
EPISODE RECORDS					
NEW	828	860	837	23	64
CORRECTION	85	53	53	0	9
DELETION	1	1	1	0	1
TOTAL	914	914	891	23	74
DIAGNOSIS RECORDS					
NEW	480	540	524	16	22
CORRECTION	115	55	55	0	4
DELETION	0	0	0	0	0
TOTAL	595	595	579	16	26
DVA RECORDS					
NEW	71	71	63	8	0
CORRECTION	4	4	4	0	0
DELETION	0	0	0	0	0
TOTAL	75	75	67	8	0
SUB-ACUTE RECORDS					
NEW	12	22	21	1	11
CORRECTION	10	0	0	0	0
DELETION	0	0	0	0	0
TOTAL	22	22	21	1	11

```
BATCH ID:      START DATE : 01/07/2002
                END   DATE  : 31/07/2002
```

AVERAGE AVAILABLE BEDS DECLARED IN HEADER : 100

FOLLOWING PARAMETERS HAVE BEEN PASSED TO THE REQUEST SUITE 01062002072002050720020720020300000000

ERROR IN REPORT REQUEST (EDIT 430). REPORT NOT GENERATED : 0300000000

---

# Report of Transactions Processed

---

**Purpose** To provide feedback on the outcome of processing of each individual record in the transmission, and to identify each problem record through edit message number(s) so that corrective action can be taken.

**Description** Three reporting options are available in PRS/2 (described below). The option selection is made by the hospital and indicated in the Header Record for each transmission (it is therefore possible to change the selection whenever a transmission is compiled: refer to Section 5 *Compilation and Transmission*).

**HDSS recommends hospitals select one of the Full Transaction Trail Report formats:**

- Most hospitals should select 'Order of Processing'.
- Hospitals with many transactions and good quality data could select the 'Edits Listed First' format so long as they make regular quality checks of the accepted records.

The three reporting options available in PRS/2 are:

**Full Transaction Trail Report (Order of Processing)**

[Header Report Option 0 – Refer Section 5 *Compilation and Transmission*]

A complete list of all records in record type order (E2, S2, V2, X2/Y2), listed in order of processing (ie, hospital's transmission order) with the outcome of that processing. You need to find records with a rejection or warning among the accepted records; you should also review accepted records to check their data quality.

**Full Transaction Trail Report (Edits Listed First)**

[Header Report Option 2 – Refer Section 5 *Compilation and Transmission*]

List of all records allocated edit messages (rejections, warnings and deletions), in record type order (E2, S2, V2, X2/Y2), followed by a list of all accepted records. This option allows for the easy identification of erroneous records; however, you should review the rest of the report in order to check data quality of accepted records.

**Warnings / Rejections Report**

[Header Report Option 1 – Refer Section 5 *Compilation and Transmission*]

List of only those records allocated edit messages, in record type order (E2, S2, V2, X2/Y2). This option does not provide any means to allow for data quality activities on accepted records, or to verify which transaction have been accepted.

***Sequence***

No matter which reporting option is selected in the Header Report, the sequence of the records will always be as follows:

- Unknown Record Types (if any have been transmitted)
- Episode Records (E2)
- Sub-Acute Records (S2)
- DVA / TAC Records (V2)
- Diagnosis Records (X2/Y2)

Within each category, the records are listed in the sequence in which the hospital transmitted the records.

If the Header Record has the same transmission parameter dates (Start and End Date) as a previous transmission, page 1 of this report may only state:

- Warning – Transmission has identical Header Dates to Last Transmission

***Action***

The Reconciliation Process for corrective action to this report is detailed throughout the remainder of this section.

---

## Unknown Record Types

---

<b>Description</b>	Any record transmitted with a Transaction Type code that PRS/2 does not recognise will be printed here (that is, if the Transaction Type is <i>not</i> H2, E2, S2, V2, X2, Y2, T2 or U2).
<b>Action</b>	<p>Contact your software supplier to ensure that invalid Transaction Type codes cannot be generated.</p> <p>Check each of the listed records to identify whether it is a genuine record but should have a different Transaction Type code: if so, correct the Transaction Type code and re-transmit the record.</p>

---

## Episode Records (E2)

---

### **Description**

Each page on which E2 records are printed is headed by a 'legend' strip of abbreviated E2 field titles, beneath which are printed the values for those fields transmitted by the hospital for each E2 record.

In the report, each E2 record is set out over several lines:

- Lines 1, 2 and 3: Registration, Admission (A) and Separation (S) data
- Line 4 (indented): first Status Segment and [Normal] Leave data (ST1)
- Extra Line(s): for each additional Status Segment (if any)  
Printed on indented lines, one line per segment for that Episode Record identified as ST2 to ST7.

In this description, each field is identified using the abbreviated field title used in the 'legend' strip at the top of each page of the report.

Fields printed in the E2 report section are described below by line, from left to right.

For a detailed description of each of the PRS/2 fields and valid code sets, refer to Section 3 *Data Definitions*. Derived fields are described below. A table follows with PRS/2 fields in alphabetical order to aid location in the E2 report. A sample report page follows these tables.

### **Fields**

Data on Lines 1, 2 and 3 appear below headings:

TR	ACT	U/KEY	UR	MEDIC NO/	SEX/	DOB/	P/C	SLA	DATE	TIME	TYPE	SRC/	T-SRC/	CR-A	INSUR	U	CA	ERROR/WARNING
(DRG	MDC-RC)	NUMBER	SUFFIX	MAR	PLACE	IS	SUB					STAT	TDEST	REF	ACC	CR	S	FUND
			INTD	MH	PF	FND												

---

### **Line 1**

- TR** Transaction Type (or Record Type), to identify the record as E2.
- ACT** Action as determined by PRS/2:
- NEW** A new record: No record with this *Unique Key* has been successfully processed by PRS/2 before, either in this or a previous transmission.
  - UPD** An update record: A record with this *Unique Key* (accepted by PRS/2 in a previous transmission or earlier in this transmission) has now been updated with the data listed here (unless *this* record is rejected, in which case PRS/2 will retain the record as most recently accepted).
  - DEL** A deletion record: A record with this *Unique Key* (accepted by PRS/2 in a previous transmission or earlier in this transmission) has now been deleted (unless *this* record is rejected, in which case PRS/2 will retain the records as most recently accepted).
- U/KEY** Hospital generated Unique Key: printed exactly as transmitted.

<b>UR NUMBER</b>	Patient Identifier: printed exactly as transmitted.
<b>MEDIC NO/</b>	Medicare Number.
<b>SEX/</b>	Sex of the patient.
<b>DOB/</b>	Date of Birth of the patient.
<b>P/C</b>	Postcode of the patient's usual place of residence (see reference files on HDSS website for valid Postcodes).
<b>SLA</b>	Statistical Local Area, a derived item calculated by PRS/2 from a combination of the Postcode and Suburb as transmitted by the hospital (see reference files on HDSS website).
<b>A</b>	<b>Indicates fields on rest of this line are Admission fields. 'Admission' includes formal and statistical admissions.</b>
<b>DATE</b>	Admission Date for this episode of care, shown as DD/MM/CCYY
<b>TIME</b>	Admission Time for this episode of care, shown in 24-hour format HH:MM.
<b>TYPE</b>	Admission Type.
<b>SRC/</b>	Admission Source.
<b>T-SRC/</b>	Transfer Source. Appears only if reported (should be reported only if patient was transferred from another recognised facility, Admission Source T; otherwise should be blank).
<b>CR-A</b>	Criterion for Admission for this episode.
<b>INSUR</b>	Level of Insurance, regardless of payer for this episode.
<b>U</b>	User field (optional field).
<b>CA</b>	Carer Availability.
<b>ERROR / WARNING</b>	Heading under which any Edit Messages will appear. 'R' at the start of the edit message indicates Rejection; 'W' indicates Warning only.

**Line 2**

<b>DRG</b>	As allocated by PRS/2 (derived item).
<b>MDC-RC</b>	Only applicable for an update E2 if there is an existing X2 record.
<b>N41</b>	<i>Re-calculated</i> AR-DRG V4.1. <i>Re-calculated</i> Inlier/Outlier Status: Blank = inlier, H = high outlier, L = low outlier <i>Re-calculated</i> MDC code. Return Code of DRG.
<b>N42</b>	<i>Re-calculated</i> AR-DRG V4.2. <i>Re-calculated</i> MDC code.
<b>V41</b>	<i>Re-calculated</i> VIC-DRG V4.1. <i>Re-calculated</i> Inlier/Outlier Status: Blank = inlier, H = high outlier, L = low outlier <i>Re-calculated</i> VIC-MDC code. Return Code of VIC-DRG.
<b>V42</b>	<i>Re-calculated</i> VIC-DRG V4.2. <i>Re-calculated</i> VIC-MDC code.
<b>H41</b>	<i>Hospital</i> generated AR-DRG V4.1 <i>if</i> provided.
<b>SUFFIX</b>	Medicare Suffix.
<b>MAR</b>	Marital Status of the patient.
<b>PLACE</b>	Country of Birth of the patient.
<b>IS</b>	Indigenous Status of the patient.
<b>SUB</b>	Suburb/locality of the patient's usual place of residence; may wrap onto line 3 if the name of the suburb does not fit on line 2.
<b>S</b>	<b>Indicates fields on rest of this line are Separation fields.</b> <b>'Separation' includes formal and statistical admissions.</b>
<b>DATE</b>	Separation Date for this episode of care, shown as DD/MM/CCYY; if patient is remaining in at cut-off date for this transmission, shown as 00/00/0000.
<b>TIME</b>	Separation Time for this episode of care, shown in 24-hour format HH:MM.
<b>TYPE</b>	Separation Type.
<b>STAT</b>	Account Class on Separation.
<b>TDEST</b>	Transfer Destination. Appears only if reported (should be reported only if patient was transferred to another recognised facility, Separation Type T; otherwise should be blank).
<b>REF</b>	Separation Referral.
<b>ACC</b>	Accommodation Type on Separation.

**CR** Care Type for this episode.  
**S** Site Identifier.  
**FUND** Health Insurance Fund with which patient is privately insured.

**Line 3**

**INTD** Intended Duration of Stay.  
**MH** Mental Health Legal Status for this episode.  
**PF** Program Funding Source for this episode.  
**FND** Funding Arrangement for this episode.

**Line 3 only** Data on Line 3 appear alongside the heading:

CONLV: MTD YTD TOT CONT ID

**CONLV:** Contract Leave Days Month-To-Date; that is, month of this transmission.  
**MTD**  
**CONLV:** Contract Leave Days Financial Year-To-Date; that is, financial year of this transmission.  
**YTD**  
**CONLV:** Contract Leave Days Total; that is, to Separation Date or, if remaining in at end of month of this transmission, to cut-off date for this period.  
**TOT**  
**CONT T/R** Contract Type and Contract Role.

**Line 4-10**

Data on Lines 4 to 10 (Status Segments 1 to 7) appear alongside headings:

ST 1 A/C ACC QUAL MTD YTD TOT LEAVE: MTD YTD TOT CONT ID

**A/C** Account Class.  
**ACC** Accommodation Type.  
**QUAL** Qualification Status.  
**MTD** Patient Days Month-To-Date; that is, month of this transmission.  
**YTD** Patient Days Financial Year-To-Date; that is, financial year of cut off date for this transmission.  
**TOT** Patient Days Total; that is, to Separation Date or, if remaining in at end of month of this transmission, to the cut-off date for this transmission.

**Line 4 only**

**LEAVE:** Leave Days Month-To-Date [Normal]; that is, month of this transmission.  
**MTD**  
**LEAVE:** Leave Days Financial Year-To-Date [Normal]; that is, financial year of this transmission.  
**YTD**  
**LEAVE:** Leave Days Total [Normal]; that is, to Separation Date or, if remaining in at end of month of this transmission, to cut-off date for this period.  
**TOT**  
**CONT I/D** Contract/Spoke Identifier.

The table shows PRS/2 fields and some derived items in alphabetical order to aid location in the E2 report:

<b><i>PRS/2 field</i></b>	<b><i>Label in report</i></b>	<b><i>Location in episode (line and placement along line)</i></b>
<b>Accommodation Type</b>	ACC	Lines 4 to 10 (ST1 to ST7), left
<b>Accommodation Type on Separation</b>	ACC	Line 2, right
<b>Account Class</b>	A/C	Lines 4 to 10 (ST1 to ST7), left
<b>Account Class on Separation</b>	STAT	Line 2, centre right
<b>Admission Date</b>	DATE	Line 1, centre
<b>Admission Source</b>	SRC/	Line 1, centre right
<b>Admission Time</b>	TIME	Line 1, centre
<b>Admission Type</b>	TYPE	Line 1, centre
<b>Care Type</b>	CR	Line 2, right
<b>Carer Availability</b>	CA	Line 1, right
<b>Contract Leave Days</b>	CONLV: MTD, YTD, TOT	Line 3, centre right
<b>Contract Role</b>	CONT T/R	Line 3, right
<b>Contract Type</b>	CONT T/R	Line 3, right
<b>Contract/Spoke Identifier</b>	CONT I/D	Line 4, right
<b>Country of Birth</b>	PLACE	Line 2, centre left
<b>Criterion for Admission</b>	CR-A	Line 1, right
<b>Date of Birth</b>	DOB/	Line 1, centre left
<b>DRG (allocated by Allegiance)</b>	(DRG MDC-RC)	Line 2, left
<b>Funding Arrangement</b>	FND	Line 3, centre left
<b>Health Insurance Fund</b>	FUND	Line 2, right
<b>Hospital generated DRG</b>	(DRG MDC-RC) H3	Line 2, left
<b>Indigenous Status</b>	IS	Line 2, centre left
<b>Intended Duration of Stay</b>	INTD	Line 3, left
<b>Leave</b>	LEAVE: MTD, YTD, TOT	Line 4, centre right
<b>Level of Insurance</b>	INSUR	Line 1, right
<b>Marital Status</b>	MAR	Line 2, centre left
<b>Medicare Number</b>	MEDIC NO/	Line 1, left

<b><i>PRS/2 field</i></b>	<b><i>Label in report</i></b>	<b><i>Location in episode (line and placement along line)</i></b>
<b>Medicare Suffix</b>	SUFFIX	Line 2, left
<b>Mental Health Legal Status</b>	MH	Line 3, centre left
<b>Patient Days</b>	MTD, YTD, TOT	Lines 4 to 10 (ST1 to ST7), left
<b>Patient Identifier</b>	UR NUMBER	Line 1, left
<b>Postcode</b>	P/C	Line 1, centre
<b>Program Funding Source</b>	PF	Line 3, centre left
<b>Qualification Status</b>	QUAL	Lines 4 to 10 (ST1 to ST7), left
<b>Separation Date</b>	DATE	Line 2, centre
<b>Separation Referral</b>	REF	Line 2, right
<b>Separation Time</b>	TIME	Line 2, centre
<b>Separation Type</b>	TYPE	Line 2, centre
<b>Sex</b>	SEX/	Line 1, centre left
<b>Site Identifier</b>	S	Line 2, right
<b>Statistical Local Area</b>	SLA	Line 1, centre
<b>Suburb/locality</b>	SUB	Line 2, centre
<b>Transfer Destination</b>	TDEST	Line 2, centre right
<b>Transfer Source</b>	T-SRC/	Line 1, centre right
<b>Unique Key</b>	U/KEY	Line 1, left
<b>User Fields (optional)</b>	U	Line 1, right

TR	ACT	U/KEY (DRG MDC-RC)	UR NUMBER	MEDIC NO/ SUFFIX INTD	SEX/ MAR MH	DOB/ PLACE PF	IS FND	P/C SLA SUB	DATE	TIME	TYPE	SRC/ STAT	T-SRC/ TDEST	CR-A REF	INSUR ACC	U CR	CA S	FUND	ERROR/WARNING
E2	NEW	000002	00234567	00000000000 C-U 1 9 6	1 5 6	02/05/1971 1102 2		3095-25713 A ELTHAM S	03/06/2002 07:55 03/06/2002 12:00	X H	Z MP			B X 3	6 4	0	999		
			ST 1 A/C MP	ACC 3	QUAL X	MTD 0	YTD 0	TOT 1				CONLV: MTD LEAVE: MTD	YTD YTD	TOT TOT	CONT T/R CONT ID				
E2	UPD	000004	00456789	37896596311 WES 2 9 6	1 1 6	14/09/1925 1404 2		3079-20661 A IVANHOE S	06/06/2002 08:43 14/07/2002 14:30	4 1	Z MP			O Z 6	6 4		999		
			ST 1 A/C MP	ACC 1	QUAL X	MTD 10	YTD 10	TOT 33				CONLV: MTD LEAVE: MTD 3	YTD YTD 3	TOT TOT 5	CONT T/R CONT ID				
E2	UPD	000005	00567890	37496258642 LEA 2 9 6	2 5 6	02/10/1974 1102 2		3085-20661 A MACLEOD S	26/06/2002 07:30 05/07/2002 13:05	M T	Z PG		1230	O 2	8 4	0	888	W315	
			ST 1 A/C PG	ACC 2	QUAL X	MTD 4	YTD 4	TOT 9				CONLV: MTD LEAVE: MTD	YTD YTD	TOT TOT	CONT T/R CONT ID				
E2	UPD	000006	00678901	00000000000 C-U 2 9 6	2 4 6	29/11/1979 1103 2		3082-27074 A MILL PARK S	28/06/2002 08:28 06/07/2002 10:50	M H	Z PG		X	O 1	3 4	0	AUF		
			ST 1 A/C PG	ACC 1	QUAL X	MTD 5	YTD 5	TOT 8				CONLV: MTD LEAVE: MTD	YTD YTD	TOT TOT	CONT T/R CONT ID				
E2	NEW	000007	00789012	00000000000 C-U 1 9 6	1 2 6	06/02/1997 1102 2		3071-21891 A THORNBUR S	07/07/2002 07:36 08/07/2002 15:50	X H	Z PC		X	O 1	9 4	0	999	RR061	
			ST 1 A/C PC	ACC 1	QUAL X	MTD 1	YTD 1	TOT 1				CONLV: MTD LEAVE: MTD	YTD YTD	TOT TOT	CONT T/R CONT ID				
E2	NEW	000013	00045678	32569865241 PLA 2 9 6	1 2 6	28/12/1948 1103 2		3805-21612 A NARRE WA S	23/07/2002 09:17 00/00/0000 00:00	O	C			O 4	8 0		FAI	W315	
			ST 1 A/C PA	ACC 1	QUAL X	MTD 1	YTD 1	TOT 1				CONLV: MTD LEAVE: MTD	YTD YTD	TOT TOT	CONT T/R CONT ID				
			ST 2 A/C PA	ACC 2	QUAL X	MTD 8	YTD 8	TOT 8											

# Sub-Acute Records (S2)

**Description** In the report, each S2 record is printed over one line.

In this description, each field is identified using the abbreviated field title used in the 'legend' strip beneath the shaded strip at the top of each page of the report. The banner heading is shown above the following description.

For a detailed description of each of the PRS/2 fields and valid code sets, refer to Section 3 *Data Definitions*. Derived items are described below. A sample report page follows the description.

**Fields** Data appear below headings:

TR ACT U/KEY UR BARTHEL INDEX SCORE CLINICAL ONSET ADM/READM RUG ADL U SRC ERROR/WARNING  
 NUMBER ADM SEP SUB-PROG DATE TO REHAB ADM SEP REF

- TR** Transaction Type (or Record Type), to identify the record as S2.
- ACT** Action as determined by PRS/2 (derived item):
  - NEW** A new record: No record with this *Unique Key* has been successfully processed by PRS/2 before, either in this or a previous transmission.
  - UPD** An update record: A record with this *Unique Key* (accepted by PRS/2 in a previous transmission or earlier in this transmission) has now been updated with the data listed here (unless *this* record is rejected, in which case PRS/2 will retain the record as most recently accepted).
  - DEL** A deletion record: A record with this *Unique Key* (accepted by PRS/2 in a previous transmission or earlier in this transmission) has now been deleted (unless *this* record is rejected, in which case PRS/2 will retain the records as most recently accepted).
- U/KEY** Hospital generated Unique Key: printed exactly as transmitted.
- UR NUMBER** Patient Identifier: printed exactly as transmitted.
- BARTHEL INDEX SCORE**
  - ADM** Barthel Index Score on Admission (Care Types 2, 6, 7, 9, F, E). Spaces (Care Type 8).
  - SEP** Barthel Index Score on Separation (Care Types 2, 6, 7, 9, F, E). Spaces (Care Type 8).
- CLINICAL SUB-PROG** Clinical Sub-Program (Care Types 2, 6, 7). Spaces (Care Type 8, 9, F, E).

<b>ONSET DATE</b>	Onset Date, shown as DD/MM/CCYY (Care Types 2, 6, 7) Spaces (Care Types 8, 9, F, E).
<b>ADM/ READM TO REHAB</b>	Whether Admission or Re-admission to Rehabilitation (Care Types 2, 6, 7) Spaces (Care Types 8, 9, F, E).
<b>RUG ADL</b>	
<b>ADM</b>	RUG ADL on Admission (Care Type 8). Spaces (Care Types 2, 6, 7, 9, F, E).
<b>SEP</b>	RUG ADL on Separation (Care Type 8). Spaces (Care Types 2, 6, 7, 9, F, E).
<b>U</b>	User field (optional field).
<b>SRC REF</b>	Source of Referral to Palliative Care (Care Type 8). Spaces (Care Types 2, 6, 7, 9, F, E).
<b>ERROR / WARNING</b>	Heading under which any Edit Messages will appear. 'R' at the start of the edit message indicates Rejection; 'W' indicates Warning only.

In this sample, for information, the Care Type has been added at the right of each record in italics.

Z99(999)—PRS2—AETRANSACTION V1.0				PATIENT REPORTING SYSTEM — 2				RUN ON 03/08/2002				PAGE 14	
HEADER DATES 01/07/2002 TO 31/07/2002				TRANSMITTED TRANSACTIONS REPORT				FOR THE DEPARTMENT HEALTH SERVICES					
TR	ACT	U/KEY	UR NUMBER	BARTHEL INDEX SCORE		CLINICAL SUB-PROG	ONSET DATE	ADM/READM TO REHAB	RUG ADM	ADL SEP	U	SRC REF	ERROR/WARNING
S2	NEW	040741	00046091	042	000								<i>[GEM]</i>
S2	NEW	041039	00016585	052	094								<i>[Interim Care]</i>
S2	NEW	041292	00052285	089	099	086	25072002	0				W289	<i>[Rehab]</i>
S2	NEW	041369	00052086						14	00		01	<i>[Palliative]</i>

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## DVA / TAC Records (V2)

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### **Description**

In the report, each V2 record is printed over one line.

In this description, each field is identified using the abbreviated field title used in the 'legend' strip beneath the shaded strip at the top of each page of the report. The banner heading is shown above the following description.

For a detailed description of each of the PRS/2 fields and valid code sets, refer to Section 3 *Data Definitions*. Derived items are described below. A sample report page follows the description.

### **Fields**

Data appear below headings:

TR	ACT/	UNIQUE	UR	DVA/TAC	SURNAME	FORENAME	ACC	ADMIT	SEPARATION	U	ERROR/WARNING
		KEY	NUMBER	NUMBER			DATE	DATE	DATE		

---

<b>TR</b>	Transaction Type (or Record Type), to identify the record as V2.
<b>ACT</b>	Action as determined by PRS/2 (derived item):
<b>NEW</b>	A new record: No record with this <i>Unique Key</i> has been successfully processed by PRS/2 before, either in this or a previous transmission.
<b>UPD</b>	An update record: A record with this <i>Unique Key</i> (accepted by PRS/2 in a previous transmission or earlier in this transmission) has now been updated with the data listed here (unless <i>this</i> record is rejected, in which case PRS/2 will retain the record as most recently accepted).
<b>DEL</b>	A deletion record: A record with this <i>Unique Key</i> (accepted by PRS/2 in a previous transmission or earlier in this transmission) has now been deleted (unless <i>this</i> record is rejected, in which case PRS/2 will retain the records as most recently accepted).
<b>U/KEY</b>	Hospital generated Unique Key: printed exactly as transmitted.
<b>UR NUMBER</b>	Patient Identifier: printed exactly as transmitted.
<b>DVA / TAC NUMBER</b>	DVA Card or TAC Claim Number.
<b>SURNAME</b>	Patient's Surname.
<b>FORENAME</b>	Patient's Given Name(s).
<b>ACC DATE</b>	Date of patient's accident, for TAC patients only.
<b>ADMIT DATE</b>	Admission Date for this episode of care.
<b>SEPARATION DATE</b>	Separation Date for this episode of care, shown as DD/MM/CCYY, if patient is remaining in at cut-off date fro this transmission, shown as 00/00/0000.

**U** User field (optional field).

**ERROR /** Heading under which any Edit Messages will appear.  
**WARNING** 'R' at the start of the edit message indicates Rejection; 'W' indicates Warning only.

TR	ACT/	UNIQUE	UR	DVA/TAC	SURNAME	FORENAME	ACC	ADMIT	SEPARATION	U	ERROR/WARNING
	KEY	NUMBER	NUMBER	NUMBER			DATE	DATE	DATE		
V2	NEW	040361	00053522	VSS3714	SMITH	ERNEST	00/00/0000	03/07/2002	03/07/2002		
V2	NEW	040534	00008680	VX108983	GREEN	KENNETH	00/00/0000	03/07/2002	03/07/2002		
V2	UPD	040741	00046091	VX79623	BROWN	FRANK ELLIOTT	00/00/0000	08/06/2002	15/07/2002		
V2	NEW	041542	00013631		THOMPSON	ALAN JOHN	00/00/0000	02/07/2002	06/07/2002		RR169R180R181R385
V2	NEW	042223	00053874	C-U	BLACK	ANN	20/07/2002	20/07/2002	21/07/2002		

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## Diagnosis Records (X2 and Y2)

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**Description** In the report, each X2 record (and Y2 record, where present) is printed over at least two lines and may be up to 4 lines, depending on the number of diagnosis and procedures codes for the patient's episode of care.

In this description, each field is identified using the abbreviated field title used in the 'legend' strip beneath the shaded strip at the top of each page of the report. The banner heading is shown above the following description.

Fields printed in the X2 report section are described below in order from left to right across line 1, then across line 2.

For a detailed description of each of the PRS/2 fields and valid code sets, refer to Section 3 *Data Definitions*. Derived items are described below. A sample report page follows the description.

**Fields** Data appear below headings:

TR	ACT/	U-KEY	UR-NO	EFFECTIVE	<	CODES	>	ICU	MECHV	U	HSP	AN	NAT/VIC	ERROR/WARNING
	SEX	WEIGHT	READMIT	DATE/DOB				CCU	NIV	A			4.2	

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<b>TR</b>	Transaction Type (or Record Type), to identify the record as X2 or Y2.
<b>ACT</b>	Action as determined by PRS/2 (derived item):
<b>NEW</b>	A new record: No record with this <i>Unique Key</i> has been successfully processed by PRS/2 before, either in this or a previous transmission.
<b>UPD</b>	An update record: A record with this <i>Unique Key</i> (accepted by PRS/2 in a previous transmission or earlier in this transmission) has now been updated with the data listed here (unless <i>this</i> record is rejected, in which case PRS/2 will retain the record as most recently accepted).
<b>DEL</b>	A deletion record: A record with this <i>Unique Key</i> (accepted by PRS/2 in a previous transmission or earlier in this transmission) has now been deleted (unless <i>this</i> record is rejected, in which case PRS/2 will retain the records as most recently accepted).
<b>U-KEY</b>	Hospital generated Unique Key: printed exactly as transmitted.
<b>UR-NO</b>	Patient Identifier: printed exactly as transmitted.
<b>EFFECTIVE DATE</b>	Separation Date if E2 has been separated, shown as DD/MM/CCYY. Data drawn from PRS/2 database, if successfully processed, or from this transmission if rejected; if X2 or Y2 rejected, and E2's not in this transmission, date will be zero-filled.  If an asterisk * appears before the date, this is the Header Record End Date because the E2 record has no Separation Date thus causing this X2 to be rejected with edit message 195 (no X2 can be accepted unless the E2 has been separated).

<b>CODES</b>	ICD-10-AM diagnosis and procedure codes on alternate lines: Diagnosis code lines start 'D'. Procedure code lines start 'O'.
<b>ICU</b>	Duration of Stay in Intensive Care Unit (ICU).
<b>MECHV</b>	Duration of Mechanical Ventilation in ICU.
<b>U</b>	User field (optional field).
<b>HSP</b>	Hospital generated DRG (AR-DRG or VIC-DRG) (if hospital transmits DRGs).
<b>NAT/VIC (version)</b>	First line: Allegiance generated AR-DRG and MDC (indicated version). Second line: Allegiance generated VIC-DRG and MDC (indicated version).
<b>ERROR / WARNING</b>	Heading under which any Edit Messages will appear. 'R' at the start of the edit message indicates Rejection; 'W' indicates Warning only.
<b>SEX</b>	Sex of the patient; may be relevant for editing ICD codes.  Data drawn from PRS/2 database, if successfully processed, or from this transmission if rejected; if X2 or Y2 rejected, and E2 not in this transmission, sex will be zero-filled and the record will be rejected with edit message 033.
<b>WEIGHT</b>	Admission Weight, if patient is an infant (365 days or less).
<b>READMIT</b>	Intention to Re-Admit code, edited as logical with Separation Type in E2 record for this <i>Unique Key</i> .
<b>/DOB</b>	Patient's date of birth; may be relevant for editing ICD codes.  Data drawn from PRS/2 database, if successfully processed, or from this transmission if rejected; if X2 or Y2 rejected, and E2 not in this transmission, date will be zero-filled and the record will be rejected with edit message 035.
<b>CCU</b>	Duration of Stay in Cardiac/Coronary Care Unit.
<b>NIV</b>	Duration of Non-invasive Ventilation (NIV).
<b>A</b>	Reason for Critical Care Transfer.

TR	ACT/ SEX	U-KEY WEIGHT	UR-NO READMIT	EFFECTIVE DATE/DOB	<	CODES	>	ICU CCU	MECHV NIV	U A	HSP AN	NAT/VIC 4.2	ERROR/WARNING
X2	NEW 1	011453	00234561 9	03/06/2002 02/05/1971	D O O	PM4806 PM512 4030000 4030000 9555003	4033000 9251429	0000	0000		I10B	I10B 08 I10B 08	RR169
X2	NEW 1	011653	00345671 9	04/07/2002 27/07/1968	D O D	*P20 PI2511 3531000 CY840 CY9222	CT828 CI240 AZ720	0000	0000		F15Z	F15Z 05 F15Z 05	RR353
X2	NEW 2	011523	00012341 9	10/07/2002 02/05/1971	D O	#PC445 PL82 3128000 3131000	9251419	0000	0000		JZZ1	JZZ1 09 JZZ1 09	W362
X2	NEW 2	011554	00056781 9	18/07/2002 02/05/1971	D O	#PZ418 4563800 4167102	9251419	0000	0000		Z01B	Z01B 23 Z01B 23	W356
X2	NEW 1	011447	00053721 9	02/07/2002 08/04/1938	D O	PJ189 PJ451 9555003		0000	0000		E62C	E62C 04 E62C 04	
X2	NEW 1	011548	00048251 9	03/07/2002 31/01/1933	D O	PZ509 PC187 1391500	MM81403	0000	0000		Z60C	Z60C 23 Z60C 23	
X2	NEW 1	010640	00037711 9	02/07/2002 15/02/1922	D O D	PF03 PL0310 5600100 9555003 AI10 AE119	PL89 PB956 9555001 9555002 AZ7511	0000	0000		B63Z	B63Z 01 B63Z 01	
X2	NEW 1	011553	00035841 9	03/07/2002 29/11/1923	D O D	PZ511 AC20 1391500 MM81406	AC775 MM81403	0000	0000		R63Z	R63Z 17 R63Z 17	
X2	NEW 2	011544	00005241 9	04/07/2002 24/05/1925	D O D	PI200 PD469 1370602 AI10 MM99893	AI259 AE119	0000	0000		F72B	F72B 05 F72B 05	
X2	NEW 1	011369	00052081 0	09/07/2002 11/07/1942	D O D D D	PC341 PC787 9555003 5650700 PK921 CI802 AD696 AZ720	PC770 PC772 CI269 AE232 AZ515 MM81403	0000	0000		E71A	E71A 04 E71A 04	
Y2		011369			D	MM81406							

# ***User Reconciliation Report***

<b><i>Purpose</i></b>	To enable the hospital to reconcile the hospital's in-house software to PRS/2 and thus ensure the details held on PRS/2 are complete and accurate.
<b><i>Sets out</i></b>	Summary statistics reported in the Trailer Records provided by the hospital's in-house system against statistics calculated by PRS/2. (PRS/2 calculated totals include <b>only</b> the records ACCEPTED; they <b>do not</b> include statistics on REJECTED records.)
<b><i>Timing</i></b>	Triggered by an end-of-month Header Record.
<b><i>Description</i></b>	This report is printed as the upper and lower halves of one side of paper; each half represents one page of the report.
<b><i>Page 1</i></b>	(Upper half of the page) User reconciliation of PRS/2 counts for month-to-date and financial year-to-date data, as transmitted in the 'Summary Statistics' section of the Trailer Record 1 (T2). The report is described starting on page 7-30.
<b><i>Page 2</i></b>	(Lower half of the page) User Reconciliation of End of Month counts to the End of Month for which data were transmitted in this transmission, for both patient days and separations, for both month-to-date and financial year-to-date together with total patient days for year-to-date separations, as transmitted in the 'End of Month Statistics' sections of the Trailer Records 1 and 2 (T2 and U2). Categories on this page differs depending on whether the hospital is public or private. The report is described starting on page 7-36.
<b><i>Action</i></b>	The hospital must reconcile the figures set out on Page 1 and on Page 2 ( <i>except</i> for the Total for YTD section that is the last third of Page 2). Any differences between the in-house figures and the PRS/2 figures must be identified, explained and corrective action taken. Detailed instructions on the reconciliation process are provided on the following pages.

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## User Reconciliation — Page 1 [Summary Statistics MTD/YTD]

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### *Description*

The report is divided into two parts, each containing three distinct columns: The upper portion reports month-to-date data; the lower portion reports year-to-date figures.

In the description below:

- 'This month' means the month indicated in the Header Record for the transmission
- 'This year' means the financial year of the month indicated in the Header Record for the transmission.
- Patient Days (unless otherwise indicated) include, for newborns, both Unqualified and Qualified days.
- 'Same Day' Separations MTD and YTD are reported in Trailer Records 1 (T2) and 1 (U2) respectively. The User Reconciliation Report Page 2 prints both 'Patient Days' and 'Separations' for the 'Same Day' categories for each sector, drawing the figure for 'Patient Days' from the reported 'Separations' figure in each instance for Trailer Record Totals for each reporting period.
- PRS/2 Calculated Totals derive both 'patient Days' and 'Separations' for the 'Same Day' categories for each sector from the hospital's database, after processing the current transmission.

The three columns in each portion are:

- Data items calculated in the report
- Trailer Record Totals (submitted in the summary statistics section of Trailer Record T2)
- PRS/2 Calculated Totals

They are calculated by PRS/2 based on data from all Episode Records that have been successfully processed both in this transmission, and previously. Episode Records that have been rejected are not included in these calculations; this includes the effect the rejected record would have made to calculations of Patient Days, Leave Days [Normal] and Contract Leave Days.

If the intention of the rejected Episode Record was to update an earlier record, PRS/2 calculations are completed using the contents of the earlier record.

The PRS/2 calculations allow for a comparison between the Trailer Record and the data accepted by PRS/2, thus enabling the identification of any discrepancies.

**Trailer Record Totals** Most data items have been provided in Trailer Record 1 (T2). Data items in the User Reconciliation Report that are not taken from Trailer Record 1 (U2) should be available to a hospital via in-house systems and should be used to complete the reconciliation process.

A successful reconciliation will depend upon accurate in-house figures that reflect the hospital's admitted patient activities at the time the Trailer Records were generated. Therefore it is important to also compile any other reports required to complete the reconciliation when the Trailer Records are generated.

**PRS/2 Calculated Totals** Data sources for this column are described below.

### Month-To-Date Data Items

<b>ON LEAVE AT START OF MONTH</b>	Patients admitted before the start of this month but who were out of the hospital on [Normal] Leave (excludes patients on [Contract] Leave).
<b>Trailer Record column</b>	Figure taken from Trailer Record 1 (T2) (On Leave at End Date) of previous end-of-month transmission.
<b>PRS/2 column</b>	Filled with asterisks, as PRS/2 does have details of patients on leave at any date and therefore cannot provide comparative data.
<b>IN AT START OF MONTH</b>	Patients admitted before the start of this month and not formally separated or on [Normal] Leave.
<b>Trailer Record column</b>	Blank, but for reconciliation purposes, use figure for Actual Remaining In at End Date from previous end-of-month transmission.
<b>PRS/2 column</b>	Count of Episode Records with Admission Date in a previous month but not separated by the start of the month being submitted. (PRS/2 will include patients on [Normal] Leave in the count, as these cannot be differentiated by PRS/2.)
<b>ADMISSION (INCL. STATISTICAL)</b>	Total of <i>all</i> admissions for this month: formal and statistical, same day and overnight.
<b>Trailer Record column</b>	Figure taken from Trailer Record 1 (T2) (MTD Admissions (includes statistical)).
<b>PRS/2 column</b>	Count of Episode Records with an Admission Date within this month.

<b>SEPARATIONS (INCL. STATISTICAL)</b>	Total of <i>all</i> separations for this month: formal and statistical, same day and overnight.
<b>Trailer Record column</b>	Figure taken from Trailer Record 1 (T2) (MTD Separations (includes statistical)).
<b>PRS/2 column</b>	Count of Episode Records with a Separation Date within this month.
<b>ON LEAVE AT END OF MONTH</b>	Total of patients on [Normal] Leave at midnight on the date identified as the End Date in the Header Record H2 (excludes patients on Contract Leave).
<b>Trailer Record column</b>	Figure taken from Trailer Record 1 (T2) (On Leave at End Date).
<b>PRS/2 column</b>	Repeats the hospital's figure, as PRS/2 cannot calculate this statistic.
<b>ACTUAL REMAINING IN AT END OF MONTH</b>	Total of patients in hospital at midnight on the date identified as the End Date in the Header Record. Includes patients in <i>all</i> Care Types and those on [Contract] Leave but excludes those on [Normal] Leave.
<b>Trailer Record column</b>	Figure taken from Trailer Record 1 (T2) (Actual Remaining In at End Date).
<b>PRS/2 column</b>	Calculated by counting Episode Records with a Separation Date of 00/00/0000 (ie, unseparated, thus this count includes any patients currently on [Normal] Leave) held on PRS/2 database after this transmission is processed.
<b>SAME DAY STAY PATIENTS</b>	Patients who were admitted and separated on the same date during this month.
<b>Trailer Record column</b>	Figure taken from Trailer Record 1(T2) (total of Same Day Separations MTD).
<b>PRS/2 column</b>	Count of Episode Records with the same Admission and Separation Dates during this month.
<b>CONTRACT LEAVE DAYS THIS MONTH</b>	Total days of Contract Leave accumulated by patients who have been on Contract Leave during this month.
<b>Trailer Record column</b>	Blank – refer to in-house systems.
<b>PRS/2 column</b>	Total of Contract Leave Days MTD fields from all Episode Records separated this month or remaining in.
<b>LEAVE DAYS THIS MONTH</b>	Total days of [Normal] Leave accumulated by patients who have been on [Normal] Leave during this month.
<b>Trailer Record column</b>	Blank – refer to in-house systems.
<b>PRS/2 column</b>	Total of Leave Days MTD [Normal] fields from all Episode Records separated this month or remaining in.

<b>PAT DAYS THIS MONTH (EXCL LEAVE)</b>	Total patient days this month <i>excluding</i> days when patients were on [Normal] Leave; includes days when patients were on Contract Leave.
<b>Trailer Record column</b>	Figure taken from Trailer Record 1 (T2)(MTD: Patient Days).
<b>PRS/2 column</b>	Total of Patient Days MTD fields <i>minus</i> Leave Days MTD [Normal] from all Episode Records separated this month or remaining in.
<b>STATISTICAL SEPARATIONS THIS MONTH</b>	Total Statistical Separations for this MTD (these have also been included in Separations MTD).
<b>Trailer Record column</b>	Figure taken from Trailer Record 1 (T2)(MTD: Statistical Separations).
<b>PRS/2 column</b>	Count of Episode Records with a Separation Date in this month <i>and</i> a Statistical Separation Type.

**Financial Year-To-Date Data Items**

<b>ON LEAVE AT START OF YEAR</b>	Patients admitted before the start of this financial year but who were out of the hospital on [Normal] Leave (excludes patients on Contract Leave) at that date.
<b>Trailer Record column</b>	Blank but, if necessary for reconciliation purposes, use hospital-generated figure.
<b>PRS/2 column</b>	Filled with asterisks, as PRS/2 does not have details of patients on leave at any date and therefore cannot provide comparative data.
<b>IN AT START OF YEAR</b>	Patients admitted before the start of this financial year and not separated or on [Normal] Leave before 1 July of this financial year.
<b>Trailer Record column</b>	Blank but, if necessary for reconciliation purposes, use hospital-generated figure.
<b>PRS/2 column</b>	Count of Episode Records with Admission Date before the start of this financial year but not separated before 1 July of this financial year. (PRS/2 will include patients on [Normal] Leave in this count, as these cannot be differentiated by PRS/2.)
<b>ADMISSION (INCL. STATISTICAL)</b>	Total of <i>all</i> admissions for this financial year: formal and statistical, same day and overnight.
<b>Trailer Record column</b>	Figure taken from Trailer Record 1 (T2: YTD Admissions (includes statistical)).
<b>PRS/2 column</b>	Count of Episode Records with an Admission Date within this financial year.

<b>SEPARATIONS (INCL. STATISTICAL)</b>	Total of <i>all</i> separations for this financial year: formal and statistical, same day and overnight.
<b>Trailer Record column</b>	Figure taken from Trailer Record 1 (T2: YTD Separations (includes statistical)).
<b>PRS/2 column</b>	Count of Episode Records with a Separation Date within this financial year.
<b>SAME DAY STAY PATIENTS</b>	Patients who were admitted and separated on the same date during this financial year.
<b>Trailer Record column</b>	Figure taken from Trailer Record 2 (U2: total of Same Day Separations YTD).
<b>PRS/2 column</b>	Count of Episode Records with the same Admission and Separation Dates during this financial year.
<b>CONTRACT LEAVE DAYS THIS YEAR</b>	Total days of Contract Leave accumulated by patients who have been on Contract Leave during this financial year.
<b>Trailer Record column</b>	Blank but, if necessary for reconciliation purposes, use hospital-generated figure.
<b>PRS/2 column</b>	Total of Contract Leave Days YTD fields from all Episode Records separated this financial year or remaining in at End Date.
<b>LEAVE DAYS THIS YEAR</b>	Total days of [Normal] Leave accumulated by patients who have been on [Normal] Leave during this financial year.
<b>Trailer Record column</b>	Blank but, if necessary for reconciliation purposes, use hospital generated figure.
<b>PRS/2 column</b>	Total of Leave Days YTD [Normal] fields from all Episode Records separated this financial year or remaining in.
<b>PAT DAYS THIS YEAR (EXCL. LEAVE)</b>	Total patient days this financial year <i>excluding</i> days when patients were on [Normal] Leave; includes days when patients were on Contract Leave.
<b>Trailer Record column</b>	Figure taken from Trailer Record 1 (T2)(YTD Patient Days).
<b>PRS/2 column</b>	Total of Patient Days YTD fields minus Leave Days YTD [Normal] from all Episode Records separated this financial year or remaining in.
<b>STATISTICAL SEPARATIONS THIS YEAR</b>	Total Statistical Separations for this financial year (that have also been included in Separations YTD).
<b>Trailer Record column</b>	Figure taken from Trailer Record 1 (T2)(YTD Statistical Separations).
<b>PRS/2 column</b>	Count of Episode Records with a Separation Date in this financial year <i>and</i> a Statistical Separation Type.

HOSPITAL CODE: 999

HOSPITAL NAME: THE DEPARTMENT HEALTH SERVICE

MONTH TO DATE	TRAILER REC TOTALS	PRS2 CALCULATED TOTALS
ON LEAVE AT START OF MONTH	3	*****
IN AT START OF MONTH		68
ADMISSION (INCL. STATISTICAL)	830	807
SEPARATIONS (INCL. STATISTICAL)	817	799
ON LEAVE AT END OF MONTH	0	0
ACTUAL REMAINING IN AT END OF MONTH	80	76
SAME DAY STAY PATIENTS	377	373
CONTRACT LEAVE DAYS THIS MONTH		0
LEAVE DAYS THIS MONTH		4
PAT DAYS THIS MONTH (EXCL LEAVE)	2576	2546
STATISTICAL SEPARATIONS THIS MONTH	0	14

YEAR TO DATE	TRAILER REC TOTALS	PRS2 CALCULATED TOTALS
ON LEAVE AT START YEAR		*****
IN AT START OF YEAR		64
ADMISSION (INCL. STATISTICAL)	2484	2461
SEPARATIONS (INCL. STATISTICAL)	2467	2449
SAME DAY STAY PATIENTS	1168	1164
CONTRACT LEAVE DAYS THIS YEAR		0
LEAVE DAYS THIS YEAR		54
PAT DAYS THIS YEAR (EXCL LEAVE)	7901	8080
STATISTICAL SEPARATIONS THIS YEAR	0	39

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## User Reconciliation — Page 2 [EOM Statistics]

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End of Month (EOM) requirements are different for public hospitals and private hospitals/day procedure centres. The following pages describe the User Reconciliation Report, Page 2, separately for each hospital sector (although many of the items are common to both public and private hospitals and day procedure centres): this will allow users to identify the pages relevant to their hospital.

For sectors:

### ***Description***

The report is divided into three parts, each containing five distinct columns: The upper portion reports month-to-date data; the middle portion reports year-to-date figures; the lower portion data for episodes separated in the YTD.

In the description below:

- ‘This month’ means the month indicated in the Header Record for the transmission.
- ‘This year’ means the financial year of the month indicated in the Header Record for the transmission.
- Patient Days (unless otherwise indicated) include, for newborns, both Unqualified and Qualified days.
- ‘Same Day’ Separations MTD and YTD are reported in Trailer Records 1 (T2) and 2 (U2) respectively. The User Reconciliation Report Page 2 prints both ‘Patient Days’ and Separations’ for the ‘Same Day’ categories for each sector, drawing the figure for ‘Patient Days’ from the separated ‘Separations’ figure in each instance for Trailer Record Totals for each reporting period.
- PRS/2 Calculated Totals derive both ‘Patient Days’ and ‘Separations’ for the ‘Same Day’ categories for each sector from the hospital’s database, after processing the current transmission.

The five columns in each portion are:

- Data items calculated in the report (left column).
- Trailer Record Totals (2 middle columns): patient days (PAT DAYS) and separations (SEPNS).

Extracted from the EOM Statistics section of Trailer Record 1 and 2 as transmitted by the hospital.

- PRS/2 Calculated Totals (2 columns on right): patient days (PAT DAYS) and separations (SEPNS).

Calculated by PRS/2 based on data from all Episode Records that have been successfully processed both in this transmission, and previously. Episode Records that have been rejected are not included in these calculations; this includes the effect the rejected record would have made to calculations of Patient Days, Leave Days [Normal] and Contract Leave Days.

If the intention of the rejected Episode Record was to update an earlier record, PRS/2 calculations are completed using the contents of the earlier record.

The PRS/2 calculations allow for a comparison between the Trailer Record and the data accepted by PRS/2, thus enabling the identification of any discrepancies.

The reconciliation process is described in detail in this section.

In this report, PRS/2 follows the same rules as set out for the Trailer Records for arriving at each count.


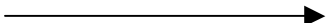


## Summary of User Reconciliation Report, Page 2

<b>User Reconciliation for Month MM/CCYY</b>				
Broad Account Classes as in Trailer Record appropriate to hospital sector (public/private)  (refer to Section 3 for Account Class group details)	<u><b>Trailer Record Totals</b></u> (as reported in Trailer Records 1 (T2)(MTD Figures) and 2 (U2)(YTD and Total for YTD figure))		<u><b>PRS/2 Calculated Totals</b></u> (calculated from total PRS/2 database <i>after</i> processing of this transmission)	
<b>MONTH TO DATE</b>	<b>MTD PAT DAYS</b>	<b>MTD SEPNS</b>	<b>MTD PAT DAYS</b>	<b>MTD SEPNS</b>
	Month-to-date patient days	Month-to-date separations	Month-to-date patient days	Month-to-date separations
<b>YEAR TO DATE</b>	<b>YTD PAT DAYS</b>	<b>YTD SEPNS</b>	<b>YTD PAT DAYS</b>	<b>YTD SEPNS</b>
	Year-to-date patient days*	Year-to-date separations	Year-to-date patient days*	Year-to-date separations
<b>TOTAL FOR YTD</b>	<b>TOT PAT DAYS FOR YTD SEPNS</b>	<b>YTD SEPNS</b>	<b>TOT PAT DAYS FOR YTD SEPNS</b>	<b>YTD SEPNS</b>
	Total patient days*	Total separations	Total patient days*	Total separations

\* See next page for explanation of the difference between these counts.

## Calculating Patient Day Statistics

The following table explains the difference in Patient Day counts between *Pat Days YTD* and *Total Pat Days for YTD Separations*. Patient A and B were admitted on the 20 June, C and D admitted on the 30 June, and A and C were separated on the 31 July.

Patient	Period in hospital			YTD PAT DAYS (JULY)(31 days in July)	TOT PAT DAYS FOR YTD SEPNS
	20 June	30 June	31 July		
A				30	41
B				31	0
C				30	31
D				31	0

- Patients A and C contribute 30 days to *YTD Pat Days* as the Separation Date is not counted as a patient day.
- Patients B and D contribute their July patient days to *YTD Pat Days* as at the end of July.
- Patients A and C contribute *all* their patient days to *Total Pat Days for YTD Separations* because they were separated in this financial year.
- Patients B and D contribute *no* patient days to *Total Pat Days for YTD Separations* because they have not been separated yet.

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## User Reconciliation Report, Page 2: Private Hospitals and Day Procedure Centres

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**Description** Refer to page 7-36 for an explanation of the columns.

**Data Items** In this report, PRS/2 follows the same rules as set out for the Trailer Records for arriving at each count.

### Month-To-Date Patient Days and Separations

<b>PRIVATE – ACUTE</b>	Total Patient Days/Separations for private acute patients (including DVA acute patients) in Header Record month (or month-to-date); both formal and statistical, both same day and overnight.
<b>PRIVATE – NURSING HOME TYPE</b>	Total Patient Days/Separations for private NHT patients (including DVA NHT patients) in Header Record month (or month-to-date); both formal and statistical, both same day and overnight.
<b>COMPENSABLE</b>	Total Patient Days/Separations for compensable patients in Header Record month (or month-to-date); both formal and statistical, both same day and overnight.
<b>INELIGIBLE</b>	Total Patient Days/Separations for ineligible patients in Header Record month (or month-to-date); both formal and statistical, both same day and overnight.
<b>PUBLIC – UNDER CONTRACT</b>	Total Patient Days/Separations for public patients under contract in Header Record month (or month-to-date); both formal and statistical, both same day and overnight.
<b>PRIVATE – UNDER CONTRACT</b>	There should not be any such patients recorded in either the Trailer Record or the PRS/2 Calculated Totals.

### Month-To-Date Same Day Separations (ie, Admission/Separation on same Date)

<b>PRIVATE – SAME DAY</b>	Total separations of private (including DVA) same day patients in Header Record month (or month-to-date).
<b>COMPENSABLE – SAME DAY</b>	Total separations of compensable same day patients in the Header Record month (or month-to-date).
<b>INELIGIBLE – SAME DAY</b>	Total separations of ineligible same day patients in Header Record month (or month-to-date).

**PUBLIC – UNDER CONTRACT – SAME DAY** Total separations of public under contract same day patients in Header Record month (or month-to-date).

**PRIVATE – UNDER CONTRACT – SAME DAY** There should not be any such patients recorded in either the Trailer Record or the PRS/2 Calculated Totals.

### **Year-To-Date Patient Days and Separations**

**PRIVATE – ACUTE** Total patient days/separations for private acute patients (including DVA acute patients) in the Header Record financial year (financial year-to-date); both formal and statistical, both same day and overnight.

**PRIVATE – NURSING HOME TYPE** Total patient days/separations for private NHT patients (including DVA NHT patients) in the Header Record financial year (financial year-to-date); both formal and statistical, both same day and overnight.

**COMPENSABLE** Total patient days/separations for compensable patients in the Header Record financial year (financial year-to-date); both formal and statistical, both same day and overnight.

**INELIGIBLE** Total patient days/separations for ineligible patients in the Header Record financial year (financial year-to-date); both formal and statistical, both same day and overnight.

**PUBLIC – UNDER CONTRACT** Total patient days/separations for public patients under contract in the Header Record financial year (financial year-to-date); both formal and statistical, both same day and overnight.

**PRIVATE – UNDER CONTRACT** There should not be any such patients recorded in either the Trailer Record or the PRS/2 Calculated Totals.

### **Year-To-Date Same Day Separations (ie, Admission/Separation on same Date)**

**PRIVATE – SAME DAY** Total separations of private (including DVA) same day patients in the Header Record financial year (financial year-to-date).

**COMPENSABLE – SAME DAY** Total separations of compensable same day patients in the Header Record financial year (financial year-to-date).

**INELIGIBLE – SAME DAY** Total separations of ineligible same day patients in the Header Record financial year (financial year-to-date).

**PUBLIC – UNDER  
CONTRACT – SAME  
DAY**

Total separations of public under contract same day patients in the Header Record financial year (financial year-to-date).

**PRIVATE – UNDER  
CONTRACT – SAME  
DAY**

There should not be any such patients recorded in either the Trailer Record or the PRS/2 Calculated Totals.

**Total Patient Days for YTD Separations**

**PRIVATE – ACUTE**

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

**PRIVATE – NURSING  
HOME TYPE**

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

**COMPENSABLE**

Total patient days for compensable patients separated in the Header Record financial year (financial year-to-date). Includes patient days incurred by same day patients.

**INELIGIBLE**

Total patient days for ineligible patients separated in the Header Record financial year (financial year-to-date). Includes patient days incurred by same day patients.

**PUBLIC – UNDER  
CONTRACT**

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

**PRIVATE – UNDER  
CONTRACT**

There should not be any such patients recorded in either the Trailer Record or the PRS/2 Calculated Totals.

**Total YTD Same Day Separations**

Figures in Patient Days and Separations columns repeat those from *YTD Same Day Patient Days* and *YTD Same Day Separations* respectively.

HOSPITAL CODE: 777

HOSPITAL NAME: DEPARTMENT PRIVATE HOSPITAL

	TRAILER REC TOTALS		PRS2 CALCULATED TOTALS	
MONTH TO DATE	MTD PAT DAYS	MTD SEPNS	MTD PAT DAYS	MTD SEPNS
PRIVATE - ACUTE	299	24	299	24
PRIVATE - NURSING HOME TYPE	0	0	0	0
COMPENSABLE	0	0	0	0
INELIGIBLE	0	0	0	0
PUBLIC - UNDER CONTRACT	0	0	0	0
PRIVATE - UNDER CONTRACT	0	0	0	0
PRIVATE - SAME DAY	17	17	17	17
COMPENSABLE - SAME DAY	0	0	0	0
INELIGIBLE - SAME DAY	0	0	0	0
PUBLIC - UNDER CONTRACT -SAME DAY	0	0	0	0
PRIVATE - UNDER CONTRACT - SAME DAY	0	0	0	0
YEAR TO DATE	YTD PAT DAYS	YTD SEPNS	YTD PAT DAYS	YTD SEPNS
PRIVATE - ACUTE	299	24	299	24
PRIVATE - NURSING HOME TYPE	0	0	0	0
COMPENSABLE	0	0	0	0
INELIGIBLE	0	0	0	0
PUBLIC - UNDER CONTRACT	0	0	0	0
PRIVATE - UNDER CONTRACT	0	0	0	0
PRIVATE - SAME DAY	17	17	17	17
COMPENSABLE - SAME DAY	0	0	0	0
INELIGIBLE - SAME DAY	0	0	0	0
PUBLIC - UNDER CONTRACT - SAME DAY	0	0	0	0
PRIVATE - UNDER CONTRACT - SAME DAY	0	0	0	0
TOTAL FOR YTD	TOT PAT DAYS FOR YTD SEPNS	YTD SEPNS	TOT PAT DAYS FOR YTD SEPNS	YTD SEPNS
PRIVATE - ACUTE	299	24	299	24
PRIVATE - NURSING HOME TYPE	0	0	0	0
COMPENSABLE	0	0	0	0
INELIGIBLE	0	0	0	0
PUBLIC - UNDER CONTRACT	0	0	0	0
PRIVATE - UNDER CONTRACT	0	0	0	0
PRIVATE - SAME DAY	17	17	17	17
COMPENSABLE - SAME DAY	0	0	0	0
INELIGIBLE - SAME DAY	0	0	0	0
PUBLIC - UNDER CONTRACT - SAME DAY	0	0	0	0
PRIVATE - UNDER CONTRACT - SAME DAY	0	0	0	0

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## User Reconciliation Report, Page 2: Public Hospitals

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<b>Description</b>	Refer to page 7-36 for an explanation of the columns.
<b>Additional notes for the Public Sector only</b>	<p>For public sector sites, End of Month Statistics must report for each period (MTD, YTD and Total Patient Days for YTD Separations) figures consistent with Commonwealth definitions for 'patient days' and 'separations'. This has particular relevance for newborn episodes and days of stay:</p> <ul style="list-style-type: none"><li>• An episode during which the babe is a Qualified newborn for at least one day is reported as a 'Separation' under the relevant Account Class groups;</li><li>• An episode entirely comprised of Unqualified Days is reported as an 'Unqualified Episode' only;</li><li>• Days during which the babe is a Qualified Newborn are reported as 'Patient Days' under the relevant Account Class groups;</li><li>• Days during which the babe is Unqualified are reported as 'Unqualified Days of Stay' only; this includes Unqualified days in episodes where the newborn is classed as Unqualified during the entire duration of the episode.</li></ul>
<b>Data Items</b>	In this report, PRS/2 follows the same rules as set out for the Trailer Records for arriving at each count.

### Month-To-Date Patient Days and Separations

<b>PUBLIC – ACUTE</b>	Total MTD Patient Days/Separations for public acute patients in the Header Record month (or month-to-date); both formal and statistical, both same day and overnight, for newborns, MTD Qualified days only, and newborn episodes separated in the MTD, during which the babe is a Qualified newborn for a least one day.
<b>PRIVATE – ACUTE</b>	Total MTD Patient Days/Separations for private acute patients (including DVA acute patients) in the Header Record month (or month-to-date); both formal and statistical, both same day and overnight, for newborns, MTD Qualified days only, and newborn episodes separated in the MTD, during which the babe is a Qualified newborn for a least one day.
<b>COMPENSABLE – ACUTE</b>	Total MTD Patient Days/Separations for compensable acute patients in the Header Record month (or month-to-date); both formal and statistical, both same day and overnight.

<b>INELIGIBLE – ACUTE</b>	Total MTD Patient Days/Separations for ineligible acute patients in the Header Record month (or month-to-date); both formal and statistical, both same day and overnight, for newborns, MTD Qualified days only, and newborn episodes separated in the MTD, during which the babe is a Qualified newborn for a least one day..
<b>PUBLIC – NURSING HOME TYPE NH5</b>	Total MTD Patient Days/Separations for public NHT NH5 patients in the Header Record month, both formal and statistical, both same day and overnight.
<b>PUBLIC – NURSING HOME TYPE NON NH5</b>	Total MTD Patient Days/Separations for public NHT non-NH5 patients in the Header Record month (or month-to-date); both formal and statistical, both same day and overnight.
<b>PRIVATE – NURSING HOME TYPE NH5</b>	Total MTD Patient Days/Separations for private NHT NH5 patients (including DVA NHT NH5 patients) in the Header Record month (or month-to-date); both formal and statistical, both same day and overnight.
<b>PRIVATE – NURSING HOME TYPE NON NH5</b>	Total MTD Patient Days/Separations for private NHT non-NH5 patients (including DVA NHT non NH5 patients) in the Header Record month (or month-to-date); both formal and statistical, both same day and overnight.
<b>COMPENSABLE – NON-ACUTE</b>	Total MTD Patient Days/Separations for compensable non-acute patients in the Header Record month (or month-to-date); both formal and statistical, both same day and overnight.
<b>INELIGIBLE – NON-ACUTE</b>	Total MTD Patient Days/Separations for ineligible non-acute patients in the Header Record month (or month-to-date); both formal and statistical, both same day and overnight.

**Month-To-Date Same Day Separations** (ie, Admission and Separation on same Date)

Some figures also printed as 'Pat Days'.

<b>PUBLIC – SAME DAY</b>	Total MTD Separations of public same day patients in the Header Record month (or month-to-date).
<b>PRIVATE – SAME DAY</b>	Total MTD Separations of private (including DVA) same day patients in the Header Record month (or month-to-date).
<b>COMPENSABLE – SAME DAY</b>	Total MTD Separations of compensable same day patients in the Header Record month (or month-to-date).

**INELIGIBLE – SAME DAY**

Total MTD Separations of ineligible same day patients in the Header Record month (or month-to-date).

**Month-To-Date Patient Days and Separations (continued)**

**UNQUALIFIED NEWBORNS**

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

Total separations in the Header Record month (or month-to-date) of newborns who were unqualified for the whole of the episode of care.

**Financial Year-To-Date Patient Days and Separations**

**PUBLIC – ACUTE**

Total YTD Patient Days/Separations for public acute patients in the Header Record financial year (financial year-to-date); both formal and statistical, both same day and overnight, for newborns, YTD Qualified days only, and newborn episodes separated in the YTD, during which the babe is a Qualified newborn for a least one day.

**PRIVATE – ACUTE**

Total YTD Patient Days/Separations for private acute patients (including DVA acute patients) in the Header Record financial year (financial year-to-date); both formal and statistical, both same day and overnight, for newborns, YTD Qualified days only, and newborn episodes separated in the YTD, during which the babe is a Qualified newborn for a least one day.

**COMPENSABLE – ACUTE**

Total YTD Patient Days/Separations for compensable acute patients in the Header Record financial year (financial year-to-date); both formal and statistical, both same day and overnight.

**INELIGIBLE - ACUTE**

Total YTD Patient Days/Separations for ineligible acute patients in the Header Record financial year (financial year-to-date); both formal and statistical, both same day and overnight, for newborns, YTD Qualified days only, and newborn episodes separated in the YTD, during which the babe is a Qualified newborn for a least one day.

**PUBLIC – NURSING HOME TYPE NH5**

Total YTD Patient Days/Separations for public NHT NH5 patients in the Header Record financial year (financial year-to-date); both formal and statistical, both same day and overnight.

<b>PUBLIC – NURSING HOME TYPE NON NH5</b>	Total YTD Patient Days/Separations for public NHT non-NH5 patients in the Header Record financial year (financial year-to-date); both formal and statistical, both same day and overnight.
<b>PRIVATE – NURSING HOME TYPE NH5</b>	Total YTD Patient Days/Separations for private NHT NH5 patients (including DVA NHT NH5 patients) in the Header Record financial year (financial year-to-date); both formal and statistical, both same day and overnight.
<b>PRIVATE – NURSING HOME TYPE NON NH5</b>	Total YTD Patient Days/Separations for private NHT non-NH5 patients (including DVA NHT non NH5 patients) in the Header Record financial year (financial year-to-date); both formal and statistical, both same day and overnight.
<b>COMPENSABLE – NON-ACUTE</b>	Total YTD Patient Days/Separations for compensable non-acute patients in the Header Record financial year (financial year-to-date); both formal and statistical, both same day and overnight.
<b>INELIGIBLE – NON-ACUTE</b>	Total YTD Patient Days/Separations for ineligible non-acute patients in the Header Record financial year (financial year-to-date); both formal and statistical, both same day and overnight.

**Year-To-Date Same Day Separations** (ie, Admission/Separation on same Date)

Some figures also printed as 'Pat Days'.

<b>PUBLIC – SAME DAY</b>	Total YTD Separations of public same day patients in the Header Record financial year (financial year-to-date).
<b>PRIVATE – SAME DAY</b>	Total YTD Separations of private (including DVA) same day patients in the Header Record financial year (financial year-to-date).
<b>COMPENSABLE – SAME DAY</b>	Total YTD Separations of compensable same day patients in the Header Record financial year (financial year-to-date).
<b>INELIGIBLE – SAME DAY</b>	Total YTD Separations of ineligible same day patients in the Header Record financial year (financial year-to-date).

## **Year-To-Date Patient Days and Separations (continued)**

### **UNQUALIFIED NEWBORNS**

Total MTD Unqualified newborn days in the Header Record financial year (or financial year-to-date). Includes Unqualified newborn days in episodes where newborn 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.

Total separations in the Header Record financial year (financial year-to-date) who were qualified for the whole of the episode of care.

## **Total Patient Days for YTD Separations**

Figures for YTD Separations reported in YTD section are repeated in this section.

### **PUBLIC – ACUTE**

Total Patient Days for public acute patients separated in the Header Record financial year (financial year-to-date). Includes patient days incurred by same day patients, and, for separated newborns, only Total qualified days (ie excludes all Unqualified days).

### **PRIVATE –ACUTE**

Total Patient Days for private acute patients (including DVA acute patients) separated in the Header Record financial year (financial year-to-date). Includes patient days incurred by same day patients, and, for separated newborns, only Total qualified days (ie excludes all Unqualified days).

### **COMPENSABLE – ACUTE**

Total Patient Days for compensable acute patients separated in the Header Record financial year (financial year-to-date). Includes patient days incurred by same day patients.

### **INELIGIBLE – ACUTE**

Total Patient Days for ineligible acute patients separated in the Header Record financial year (financial year-to-date). Includes patient days incurred by same day patients, and, for separated newborns, only Total qualified days (ie excludes all Unqualified days).

### **PUBLIC – NHT NH5**

Total Patient Days for public NHT NH5 patients separated in the Header Record financial year (financial year-to-date). Includes patient days incurred by same day patients.

### **PUBLIC – NHT NON NH5**

Total Patient Days for public NHT non-NH5 patients separated in the Header Record financial year (financial year-to-date). Includes patient days incurred by same day patients.

**PRIVATE – NURSING  
HOME TYPE NH5**

Total Patient Days for private NHT NH5 patients (including DVA NHT NH5 patients) separated in the Header Record financial year (financial year-to-date). Includes patient days incurred by same day patients.

**PRIVATE – NURSING  
HOME TYPE NON NH5**

Total Patient Days for private NHT non-NH5 patients (including DVA NHT non NH5 patients) separated in the Header Record financial year (financial year-to-date). Includes patient days incurred by same day patients.

**COMPENSABLE –  
NON-ACUTE**

Total Patient Days for compensable non-acute patients separated in the Header Record financial year (financial year-to-date). Includes patient days incurred by same day patients.

**INELIGIBLE –  
NON-ACUTE**

Total Patient Days for ineligible non-acute patients separated in the Header Record financial year (financial year-to-date). Includes patient days incurred by same day patients.

**Total YTD Same Day Separations**

Figures in Patient Days and Separations columns repeat those from *YTD Same Day Patient Days* and *YTD Same Day Separations* respectively.

**Total Patient Days for YTD Separations (continued)**

YTD Separations reported in section above are repeated in this section.

**UNQUALIFIED  
NEWBORNS**

Total Unqualified days for newborns separated in the Header Record financial year (financial year-to-date), both for newborns who were Unqualified for the whole of the episode of care and Unqualified days accrued by newborns who also had Qualified days during their stay.

	TRAILER REC TOTALS		PRS2 CALCULATED TOTALS	
MONTH TO DATE	MTD PAT DAYS	MTD SEPNS	MTD PAT DAYS	MTD SEPNS
PUBLIC - ACUTE	2246	701	2196	690
PRIVATE - ACUTE	266	85	240	80
COMPENSABLE - ACUTE	21	5	13	4
INELIGIBLE - ACUTE	0	0	0	0
PUBLIC NHT - NH5	0	0	0	0
PUBLIC NHT - NON NH5	43	3	43	3
PRIVATE NHT - NH5	0	0	0	0
PRIVATE NHT - NON NH5	0	0	0	0
COMPENSABLE - NON-ACUTE	0	0	0	0
INELIGIBLE - NON-ACUTE	0	0	0	0
PUBLIC - SAME DAY	324	324	320	320
PRIVATE - SAME DAY	53	53	53	53
COMPENSABLE - SAME DAY	0	0	0	0
INELIGIBLE - SAME DAY	0	0	0	0
UNQUALIFIED NEWBORNS	97	23	84	22
YEAR TO DATE	YTD PAT DAYS	YTD SEPNS	YTD PAT DAYS	YTD SEPNS
PUBLIC - ACUTE	6765	2144	6715	2133
PRIVATE - ACUTE	770	218	744	213
COMPENSABLE - ACUTE	87	24	79	23
INELIGIBLE - ACUTE	0	0	0	0
PUBLIC NHT - NH5	0	0	0	0
PUBLIC NHT - NON NH5	249	10	249	10
PRIVATE NHT - NH5	0	0	0	0
PRIVATE NHT - NON NH5	0	0	0	0
COMPENSABLE - NON-ACUTE	0	0	0	0
INELIGIBLE - NON-ACUTE	0	0	0	0
PUBLIC - SAME DAY	1038	1038	1034	1034
PRIVATE - SAME DAY	118	118	118	118
COMPENSABLE - SAME DAY	12	12	12	12
INELIGIBLE - SAME DAY	0	0	0	0
UNQUALIFIED NEWBORNS	306	71	293	70
TOTAL FOR YTD	TOT PAT DAYS FOR YTD SEPNS	YTD SEPNS	TOT PAT DAYS FOR YTD SEPNS	YTD SEPNS
PUBLIC - ACUTE	6840	2144	6827	2133
PRIVATE - ACUTE	767	218	741	213
COMPENSABLE - ACUTE	89	24	80	23
INELIGIBLE - ACUTE	0	0	0	0
PUBLIC NHT - NH5	0	0	0	0
PUBLIC NHT - NON NH5	645	10	645	10
PRIVATE NHT - NH5	0	0	0	0
PRIVATE NHT - NON NH5	0	0	0	0
COMPENSABLE - NON-ACUTE	0	0	0	0
INELIGIBLE - NON-ACUTE	0	0	0	0
PUBLIC - SAME DAY	1038	1038	1034	1034
PRIVATE - SAME DAY	118	118	118	118
COMPENSABLE - SAME DAY	12	12	12	12
INELIGIBLE - SAME DAY	0	0	0	0
UNQUALIFIED NEWBORNS	300	71	286	70

**Note**

This sample User Reconciliation Report – Page 2 illustrates where rejected E2 Episode Records have reduced the number of Patient Days (MTD, YTD, Total for YTD Seps) and Separations (MTD, YTD) held on the PRS/2 Database after processing. The process for identifying which transactions account for the resulting discrepancies between ‘Trailer Record Totals’ and ‘PRS/2 Calculated Totals’, and remedying those errors, is described later in Section 7 of this Manual.

# ***Separations and Outstanding Records for Period***

***Purpose*** To enable the hospital to monitor X2 Diagnosis Records accepted by PRS/2 and thereby identify the number of separated E2 records for which an X2 has not yet been successfully transmitted to PRS/2.

***Description*** Tabulation of:

- DISCHARGES (Separations, both formal and statistical)
- DIAGNOSIS OUTSTANDING
- PERCENTAGE [of diagnoses] COMPLETED

by calendar month for the hospital's current and previous calendar years (ie, once the hospital transmits a January file date, the report moves forward a year).

PRS/2 counts a Diagnosis Outstanding for every E2 Episode Record with a Separation Date held in PRS/2 that has not yet had an X2 Diagnosis Record successfully processed.

***Action*** Monitor regularly.

If you deal with the rejections at the time the Control Report is received, PRS/2 should remain identical to the in-house system regarding undiagnosed records. However, if you need to identify the specific episodes remaining undiagnosed in PRS/2, request a Diagnosis Outstanding Report via the Header Record (see Diagnosis Outstanding Report, Section 6 *Request Reports*).

***Appearance*** A matrix covering every month the hospital's current and previous calendar years.

**DISCHARGES** Separations (formal and statistical) in that month and calendar year.

**DIAGNOSIS OUTSTANDING** Count of episodes with separation details in that month and calendar year accepted by PRS/2, that remain without a Diagnosis Record in PRS/2 after processing of this transmission.

**PERCENTAGE COMPLETED** Percentage of Separations that have a Diagnosis Record in PRS/2 in that month and calendar year.

This report is compiled after processing records in this transmission.  
 Rejected records are *not* included in these totals:

- If a rejected transmission had attempted to update an Episode Record by adding separation details, this separation will not be counted under Discharges.
- If a new X2 record has been rejected, this will not be counted in Percentage Complete.

Z99(999)-PRS2-SEPOUT V1.0		SEPARATION & OUTSTANDING RECORDS FOR THE PERIOD TO: 31/10/2002										PAGE 1	
HOSPITAL CODE: 999 HOSPITAL		NAME: THE DEPARTMENT HEALTH SERVICE FINANCIAL YEAR: 2002/2003										RUN ON: 05/11/2002	
DATA GENERATED BY PRS2 FOR DHS USE													
DISCHARGES AND OUTSTANDING DIAGNOSIS RECORDS FOR THE PERIOD : TO OCT 2002													
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2001 DISCHARGES		252	379	546	423	489	398	252	379	242	359	299	323
DIAGNOSIS OUTSTANDING		0	0	0	0	0	0	0	0	0	0	0	0
PERCENTAGE COMPLETED		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
2002 DISCHARGES		256	392	566	444	400	401	251	379	242	344		
DIAGNOSIS OUTSTANDING		0	0	0	0	0	0	0	0	2	4		
PERCENTAGE COMPLETED		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	99.2	98.8		

# ***Sub-Acute Separations and Outstanding Sub-Acute Records for the Period***

***Purpose*** To enable the hospital to monitor S2 Sub-Acute Records accepted by PRS/2 and thereby identify the number of separated E2 records with a Care Type requiring an S2 record for which an S2 has not yet been successfully transmitted to PRS/2.

***Description*** For episodes with Care Type 2, 6, 7, 8, 9, E or F.

Tabulation of:

- SUB-ACUTE SEPS (Separations, formal and statistical)
- SUB-ACUTE OUTSTANDING
- PERCENTAGE SUBS-ACUTE COMPLETED

by calendar month for the hospital's current and previous calendar years (ie, once the hospital transmits a January file date, the report moves forward a year).

PRS/2 counts Sub-Acute Outstanding for every E2 Episode Record with a sub-acute Care Type (2, 6, 7, 8, 9, E or F) *and* a Separation Date in PRS/2 that has not yet also had a S2 Sub-Acute Record successfully processed on PRS/2.

***Action*** Monitor regularly.

If you deal with the rejections at the time the Control Report is received, PRS/2 should remain identical to the in-house system regarding Sub-Acute records. However, if you need to identify the specific Sub-Acute episodes remaining without S2 Records in PRS/2, request a Sub-Acute Records Outstanding Report via the Header Record (see Sub-Acute Outstanding Report, Section 6 *Request Reports*).

***Appearance*** A matrix covering every month of the hospital's current and previous calendar years.

**SUB-ACUTE SEPS** Separations (formal and statistical) in that month and calendar year with Care Type 2, 6, 7, 8, 9, E or F.

**SUB-ACUTE OUTSTANDING** Count of sub-acute episodes with Separation details in that month and calendar year accepted by PRS/2, that remain without a S2 Record in PRS/2 after processing of this transmission.

**% SUB-ACUTE COMPLETED** Percentage of Sub-Acute Separations that have a S2 Record in PRS/2 in that month and calendar year.

This report is compiled after processing records in this transmission.  
 Rejected records are *not* included in these totals:

- If a rejected transmission had attempted to correct a Care Type to Sub-Acute, this separation will not be counted under Sub-acute Separations.
- If a new S2 record has been rejected, this will not be counted in Percentage Complete.

Z99(999)-PRS2-SEPOUT V1.0		SEPARATION & OUTSTANDING RECORDS FOR THE PERIOD TO: 31/07/2002										PAGE 1	
HOSPITAL CODE: 999 HOSPITAL		NAME: THE DEPARTMENT HEALTH SERVICE FINANCIAL YEAR: 2002/2003										RUN ON: 11/08/2002	
SUB-ACUTE SEPARATIONS AND OUTSTANDING SUB-ACUTE RECORDS FOR THE PERIOD : TO JUL 2002													
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2001	SUB-ACUTE SEPS	27	21	23	35	35	31	29	40	25	21	27	20
	SUB-ACUTE OUSTANDING	0	0	0	0	0	0	0	0	0	0	0	0
	% SUB-ACUTE COMPLETED	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
2002	SUB-ACUTE SEPS	22	25	19	25	32	21	26					
	SUB-ACUTE OUSTANDING	0	0	0	0		0	2					
	% SUB-ACUTE COMPLETED	100.0	100.0	100.0	100.0	100.0	100.0	92.3					

# Census Report

**Purpose** To enable the hospital to review patients which PRS/2 shows as remaining in at the end date detailed in the Header Record and thereby identify any separations that have not been successfully transmitted to PRS/2.

**Description** The Census Report produced as a 'standard' report in each transmission report is generated *after* processing all records in this transmission, and lists in Unique Key order:

- UNIQUE KEY
- UR NUMBER
- ADMISSION DATE
- SEX {to help identify patient where there is possibly
- DATE OF BIRTH {an error in the Patient Identifier
- CARE TYPE
- ACCOUNT CLASS (Account Class from Status Segment 1)
- ACCOUNT CLASS ON SEPARATION {blank: for hospitals to use when reconciling}
- SEP'N DATE {blank: for hospitals to use when reconciling}

**Action** The Census Report is produced *after* processing of this transmission is completed, so entries will:

- *Include* episodes for which Separation details have been transmitted to update an E2 Episode Record in an earlier transmission, but that update has been rejected;
- *Exclude* episodes transmitted with admission details only (ie remaining in the hospital or on leave, as at the Header Record End Date) but that E2 Episode Record has been rejected.

If you are able to reconcile the User Reconciliation Report, there is probably no need to review the Census Report. It is still advisable to check the listed Admission Dates for any which indicate a length of stay unusually long for your hospital.

However, if you cannot reconcile the User Reconciliation Report, use the Census Report to check each patient listed against the hospital's census for the given date (shown in the shaded header, second line on left):

- Identify any patient not listed in this Census Report who *was* in hospital on this census night; transmit an E2 for any such patient.
- Identify any patient listed in this Census Report who had actually been separated *before* this census night. For some reason that separation has not been successfully transmitted to PRS/2, therefore you will need to re-transmit the E2 with the relevant separation details.

If you are still not sure if PRS/2 contains the correct details, you may need to request another Census Report for a date of your choosing through the Header Record (see Census Report, Section 6 *Request Reports*).

The Census Report may continue for several pages depending on the hospital's number of beds.

Z99(999)-PRS2-CENSUS V1.0		PATIENT REPORTING SYSTEM - 2				RUN ON 08/08/2002 PAGE 1		
PERIOD OF REPORT 31/07/2002		CENSUS REPORT				FOR THE DEPARTMENT HEALTH SERVICE.		
UNIQUE KEY	UR NUMBER	ADMISSION DATE	SEX	DATE OF BIRTH	CARE TYPE	ACCOUNT CLASS	ACCOUNT CLASS ON SEPARATION	SEP 'N DATE
999123	00111569	11/06/2002	2	13/01/1956	8	MP		
999368	00125686	08/07/2002	1	17/05/1943	4	MP		
999489	00114258	12/07/2002	2	18/08/1954	4	MP		
999700	00113569	17/07/2002	1	18/04/1932	5	MP		
999789	00114558	23/07/2002	2	03/03/1956	4	MP		
999811	00111236	25/07/2002	1	10/04/1911	4	VX		
999842	00115996	28/07/2002	1	05/09/1919	4	MP		
999856	00115778	29/07/2002	1	22/11/1920	4	VX		
999876	00113568	30/07/2002	2	25/09/1928	4	MP		
999878	00115999	30/07/2002	1	27/04/1919	8	MP		
999880	00113465	30/07/2002	2	03/06/1946	4	VX		
999902	00115326	31/07/2002	1	03/08/1980	8	MP		
999905	00114235	31/07/2002	2	16/04/1979	4	MP		
999909	00111253	31/07/2002	1	18/01/1945	4	MP		
999910	00112458	31/07/2002	1	26/08/1956	4	MP		
999916	00112469	31/07/2002	1	01/12/1976	5	MP		
999917	00113458	31/07/2002	2	19/07/1942	5	MP		
NUMBER OF ADMITTED PATIENTS SELECTED FOR THE DATE 31/07/2002 :					17			
NOTE: THIS REPORT REFLECTS EPISODE DETAILS AS AT THE CURRENT FILE DATE : 31/07/2002								
THE DETAILS SHOWN MAY HAVE ALTERED SINCE THE CENSUS DATE, DUE TO PROCESSING OF UPDATES TO EPISODE DATA								

# ***Episodes containing 'HITH' Days for the Period***

<b><i>Purpose</i></b>	To enable the hospital to monitor E2 Episode Records for episodes that include Hospital In The Home (HITH) Days, indicated by Accommodation Type 4 <i>Hospital in the Home</i> (see Accommodation Type, Section 3 <i>Data Definitions</i> ).
<b><i>Description</i></b>	Tabulation of: <ul style="list-style-type: none"><li>• HITH SEPS (Separations that included one or more HITH Days)</li><li>• HITH DAYS (Total HITH Days, shown here against the month of separation, <i>not</i> the month in which the HITH days occurred) by calendar month for the hospital's current and previous calendar year (ie once the hospital transmits a January file date, the report more forward a year).</li><li>• R/I (unseparated episodes and their HITH Days, shown here in a column to the right of December)</li></ul>
<b><i>Action</i></b>	Monitor regularly by comparing these figures with figures from your in-house system or other record.  If you need to identify the specific episodes accounting for discrepancies, PRS/2 can provide a list of all episodes in PRS/2 with HITH Days. Request a Hospital In The Home Report through the Header Record (see Hospital In The Home Report, Section 6 <i>Request Reports</i> ).
<b><i>Appearance</i></b>	A matrix covering every month of the hospital's current and previous calendar years.
<b>HITH SEPS</b>	Separations (formal and statistical) in that month and financial year that included one or more HITH Days.
<b>HITH DAYS</b>	Total HITH Days for all patients separated in that month and financial year. That is, each patient's HITH Days are shown here against the month in which the patient was separated, not in the month in which the HITH Days occurred.
<b>R/I</b>	Unseparated episodes (remaining in) and their total HITH Days.

This report is compiled after processing this transmission. Rejected records are not included in these totals.

- If a rejected transmission was either a new Episode Record that included HITH days, or an Episode Record that was attempting to update a record by reporting HITH days for the first time, such records will not be counted under HITH Separations or Remaining In (whichever would be appropriate), nor the HITH days reported under HITH Days.
- If a rejected transaction was an Episode Record that was attempting to increase the number of HITH days, the record will be counted under HITH Separations or Remaining In (whichever is appropriate) but the revised HITH days will not be included in the HITH Days.

Z99(999)-PRS2-EPHITH V1.0 EPISODES CONTAINING 'HITH' DAYS FOR THE PERIOD TO 31/07/2002													PAGE 1
HOSPITAL CODE:999 HOSPITAL NAME: THE DEPARTMENT HEALTH SERVICE FINANCIAL YEAR: 2002/2003													RUN ON: 17/08/2002
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	R/I
2001 HITH SEPS	21	24	25	31	24	23	18	27	22	31	26	19	
HITH DAYS	149	188	157	164	118	192	164	147	162	110	172	144	
2002 HITH SEPS	24	24	29	35	20	21	31	0	0	0	0	0	5
HITH DAYS	132	167	177	165	102	160	199	0	0	0	0	0	49

THE HOSPITAL IN THE HOME REPORT IS ALSO AVAILABLE ON REQUEST. SEE THE PRS/2 MANUAL ON HOW TO REQUEST THIS REPORT.

# ***Back Cover***

***Purpose*** To identify the end of the Control Report for this hospital.

***Description*** Shows

- Hospital Codes (both Allegiance and DHS)
- Hospital Name
- Contact Person's Title
- Process Number
- Date and Time Transmission Processing started
- Date and Time Transmission Report was Printed
- Date and Time Transmission ['Submission'] received at Allegiance

END signifies that this is the last page of the report.

These details are visible through sealed clear plastic wrapper.

***Action*** This page is for Allegiance Systems dispatch purposes only and may be discarded.

Logo

**ALLEGIANCE  
SYSTEMS**

Quality  
Endorsed  
Company Logo

**ALLEGIANCE CODE Z99**

**DHS CODE 999  
THE DEPARTMENT HEALTH SERVICE**

**VAED  
999/CONTROL**

**END**

DESPATCH TO Z99#BY DX SACHEL  
ATTN: H. WORKER

DWH PROCESS NUMBER 520999  
DWH PROCESS START DATETIME 16/08/2002 20:16:21  
DATE REPORT PRINTED 17/08/2002 10:41:40  
SUBMISSION RECEIVED 16/08/2002 16:31:32

Allegiance Systems Response Centre: (03)9541-7575 or 1800-331-946 or Fax (03)9544-3047

# ***WorkCover Admitted Patient VIC-DRG Statement***

- Purpose*** To provide the hospital with additional VIC-DRG related information to accompany the invoice for any VWA patient:
- Indicated by Account Class on Separation being WC
- and
- If Care Type is 4 Acute, 8 Palliative Care, 0 Drug and Alcohol or U Unqualified Newborn
- and
- Contract Role is not B Hospital B (service provider hospital).
- Timing*** Triggered by submission or re-submission of any E2 Episode Record or X2/Y2 Diagnosis Record.
- Description*** Statements are generated for each episode identified as above once the diagnosis record has been accepted by PRS/2. The reports contain the following data items:
- Patient UR No.
  - Date of birth
  - Date of admission
  - Date discharged
  - Length of stay
  - HITH LOS Days
  - Inlier/outlier status
  - WIES copayments:
    - ATSI
    - Mechanical ventilation
    - Thalesaemia
  - Total WIES
  - VIC-DRG No.
  - VIC-DRG Base Fee
  - Desc (*description, being the title of the DRG*)
  - ICD-10-AM Diagnosis Codes *and* Descriptions (*any diagnosis code the hospital has prefixed with an 'A' will be shown as a code only, not with a description. See Section 3: Diagnosis Codes for information on prefixes*)
  - ICD-10-AM Procedure Codes *and* Descriptions
  - Separation type code
  - Description (*of Separation Type value*)
  - Acute Admitted Patient Fee

During 2002-2003 TAC DRG Statements will no longer be produced by Allegiance Systems for distribution. The Department will be providing electronic data to TAC, resulting in payment being made to the Department, which in turn will transfer funds to the appropriate health service.

WORKCOVER  
ADMITTED PATIENT VICDRG STATEMENT

	Date	17/08/2002
Treatment details	Patient UR No.	0009998
	Date of birth	03/10/1964
Admitted patient stay	Date of admission	20/07/2002
	Date discharged	24/07/2002
	Length of stay	4
	HITH Los Days	0
	Inlier/outlier status	Inlier
WIES copayments	ATSI	0.0000
	Mechanical ventilation	0.0000
	Thalassaemia	0.0000
	Total WIES	0.0000
VIC-DRG No: U64Z		
	VIC-DRG Base Fee	\$ 0000.00

Desc: Other Affective and Somatoform Disorders

ICD-10-AM      Diagnosis Codes Descriptions  
[List of diagnosis codes and descriptions]

ICD-10-AM      Procedure Codes Descriptions  
[List of procedure codes and descriptions]

Separation type code	H
Description	SEPARATION TO PRIVATE ACCOMMODATION OR HOME
Acute Admitted Patient Fee	\$0000.00

Refer to DHS "Fees and Charges for Acute Health Services in Victoria: A Handbook for Public Hospitals" ([www.dhs.vic.gov.au/ahs/feesman/index.htm](http://www.dhs.vic.gov.au/ahs/feesman/index.htm))

DESCRIPTIONS ARE PRINTED FOR ALL CODES, EXCEPT THOSE PREFIXED BY AN 'A', WHERE ONLY THE CODE IS PRINTED.

THIS IS NOT AN INVOICE. IT MUST BE ATTACHED TO A HOSPITAL INVOICE BEFORE DESPATCH TO VWA

# ***Hospital Activity and WIES Report***

<b><i>Purpose</i></b>	To provide the hospital with a summary of activity and Weighted Inlier Equivalent Separations (WIES) used in calculating the variable payment portion of the hospital's funding.
<b><i>Timing</i></b>	Triggered by an end of month Header Record.
<b><i>Contents</i></b>	Summary, by month for the financial year of the Header Record End Date, of various details relevant to funding. For details of formulas, etc, refer to the <i>Victoria – Public Hospitals and Mental Health Services Policy and Funding Guidelines 2002–2003</i> . Report details for episodes accepted by PRS/2 only.
<b><i>Action</i></b>	Where possible, check all fields against in-house figures.  Where possible, incorporate in-house measures to prevent errors (eg, exclude from the Care Type menu any codes for which your hospital is not designated).

## **1. SEPARATION DETAILS**

Number of separation in each calendar month by Care Type.

### **Check numbers of separations by Care Type.**

**Remedial Action:** If any episode is reported for a Care Type for which your hospital is *not* designated, identify the record, correct Care Type and re-transmit the E2 Episode Record.

## **2. PATIENT DAY DETAILS**

Total patient days, listed in calendar month of separation, by Care Type.

### **Check patient day totals by Care Type.**

**Remedial Action:** If patient day counts are not correct, identify records with incorrect Admission and/or Separation Dates, correct and re-transmit the E2 Episode Record.

## **3. WIES FUNDABLE SEPARATIONS**

Reported in sections 3 to 10 inclusive are WIES fundable episodes, identified as:

- Care Type 4, 8, 0 or U, and
- Program Funding Source 6, and
- VIC-DRG4 *not* 960Z, 961Z, 962Z or 963Z, and
- Contract Role *not* B, and
- Account Class on Separation *not* NT.

### **Check episodes under WIES as against non-WIES.** (Section 11)

**Remedial Action:** If totals do not match hospital's analysis, identify records incorrectly coded, correct and re-transmit.

**The following items appear as headings in Section 3 of this report:**

**3.1 Total SEPARATIONS**

Figure repeated from item 1.14.

**3.2 Total WIES**

Total of all WIES figures: these are then presented by category in following sections.

**WIES CO-PAYMENTS / LOADINGS**

Lists, on lines 3.3 to 3.8 inclusive, each co-payment or loading, and the WIES value derived for each, for each calendar month, and in total for the calendar year. Line 3.9 totals lines 3.3 to 3.8 inclusive. Refer to *Victoria – Public Hospitals and Mental Health Services Policy and Funding Guidelines 2002-2003* for details of each co-payment and loading.

**Action: Check WIES activity against co-payment/loading criteria.**

**Remedial Action:** If episodes are *not* appearing against WIES co-payment/loading criteria to which you consider the hospital is entitled, correct any record reported with incorrect details and re-transmit the E2 Episode Record and/or X2 Diagnosis Record. For details, see Section C, Calculation of WIES, *Victoria – Public Hospitals and Mental Health Services Policy and Funding Guidelines 2002-2003*.

**INLIER FUNDING EQUIVALENCE**

Lists, on lines 3.10 to 3.15 inclusive, separations and WIES, for low outlier, inlier, and high outlier, for each calendar month, and in total for the calendar year. Refer to *Victoria – Public Hospitals and Mental Health Services Policy and Funding Guidelines 2002-2003* for details of boundary points for each DRG.

**Action: Check inlier/outlier counts.**

**Remedial Action:** Correct any record with incorrect Admission and/or Separation Dates, and/or incorrect diagnosis/procedure coding, and re-transmit the E2 Episode Record and/or the Diagnosis Record(s).

<b>OTHER</b>	Lists, on lines 3.16 to 3.20 inclusive, additional factors on which funding is based:
<b>3.16 and 3.17 Hospital In The Home (HITH)</b>	<p>Lists, for episodes with a care type of 4, the number of separations with Accommodation Type 4 (HITH) in any Status Segment, and the number of Patient Days in Accommodation Type 4 (HITH) accrued by these separated patients, during their episodes. These are reported under the calendar month of separation, and in total for the calendar year.</p> <p><b>Action: Check that HITH separation and patient day counts held by PRS/2 agree with in-house data.</b></p> <p><b>Remedial Action:</b> Correct and re-transmit any record incorrectly with/without HITH Accommodation Type, and/or incorrect Patient Day counts for HITH Accommodation Type, and/or with incorrect Admission and/or Separation Date(s).</p>
<b>3.18 and 3.19 Same Day Medical Target</b>	<p>Reports, by calendar month of separation, and in total for calendar year, number of same day WIES-fundable episodes, and WIES attributed to them. These are episodes grouped to a VIC-DRG that is part of the Same Day Medical Target ('Y' in the 'Med Target DRG' column of the Victorian Cost Weights table, <i>Victoria – Public Hospitals and Mental Health Services Policy and Funding Guidelines 2002-2003</i>).</p> <p><b>Action: Check that PRS/2-assigned DRGs match hospital-assigned DRGs; check diagnosis/procedure coding is accurate; check Admission/Separation Dates are correctly reported to PRS/2; check other administrative and demographic data reported to PRS/2 are accurate.</b></p> <p><b>Remedial Action:</b> Discuss with software supplier any differences in DRG assignment; correct and re-transmit any record reporting incorrect details of diagnosis/procedure, and/or Admission/Separation Date(s).</p>
<b>3.20 ATSI Separations</b>	<p>Reports, by calendar month of separation, and in total for calendar year, number of episodes with Indigenous Status code indicating patient is Aboriginal and/or Torres Strait Islander. Refer to <i>Victoria – Public Hospitals and Mental Health Services Policy and Funding Guidelines 2002-2003</i> for further details.</p> <p><b>Action: Check that counts of patients with Indigenous Status reported as 5, 6 or 7 agree with in-house data.</b></p> <p><b>Remedial Action:</b> Correct and re-transmit any record with incorrect Indigenous Status on PRS/2</p>

#### **4. PUBLIC WIES FUNDABLE SEPARATIONS**

Reports, by calendar month of separation, and in total for calendar year, details for episodes with Separation Account Class starting with 'M'. These episodes are also included in aggregate figures in section 3 of this report (above). Refer to Chapter 3 for Account Class details. Reported here, for 'public' patient episodes, are:

- 4.1 and 4.2: WIES fundable separations and WIES attributed to these;
- 4.3 and 4.4: HITH separations and HITH days; and
- 4.5 and 4.6: Same Day Medical Target separations and WIES attributed to these.

**Action: Check that correct number of Public episodes, and derived WIES, including with HITH, and Same Day Medical Target, reported.**

**Remedial Action:** Amend and re-transmit any E2 Episode Record and/or X2 Diagnosis Records details reported incorrectly; ensure in-house Account Class reference tables updated as appropriate.

#### **5. PRIVATE WIES FUNDABLE SEPARATIONS**

Reports, by calendar month of separation, and in total for calendar year, details for episodes with Separation Account Class starting with 'P'. These episodes also included in aggregate figures in section 3 of this report (above). Refer to Chapter 3 for Account Class details. Reported here, for 'private' patient episodes, are:

- 5.1 and 5.2: WIES fundable separations and WIES attributed to these;
- 5.3 and 5.4: HITH separations and HITH days; and
- 5.5 and 5.6: Same Day Medical Target separations and WIES attributed to these.

**Action: Check that correct number of Private episodes, and derived WIES, including with HITH, and Same Day Medical Target, reported.**

**Remedial Action:** Amend and re-transmit any E2 Episode Record and/or X2 Diagnosis Record details reported incorrectly; ensure in-house Account Class reference tables updated as appropriate.

## **6. DVA WIES FUNDABLE SEPARATIONS**

Reports, by calendar month of separation, and in total for calendar year, WIES fundable separations and WIES attributed to these details for episodes with Separation Account Class starting with 'V', Department of Veterans' Affairs funded episodes. These episodes also included in aggregate figures in section 3 of this report (above). Refer to Section 3 for Account Class details.

**Action: Check that correct number of DVA episodes, and derived WIES, reported.**

**Remedial Action:** Amend and re-transmit any E2 Episode Record and/or X2 Diagnosis Record details reported incorrectly; ensure in-house Account Class reference tables updated as appropriate.

## **7. TAC WIES FUNDABLE SEPARATIONS**

Reports, by calendar month of separation, and in total for calendar year, WIES fundable separations and WIES attributed to these details for episodes with Separation Account Class starting with 'T', Transport Accident Commission funded episodes. These episodes also included in aggregate figures in section 3 of this report (above). Refer to Section 3 for Account Class details.

**Action: Check that correct number of TAC episodes, and derived WIES, reported.**

**Remedial Action:** Amend and re-transmit any E2 Episode Record and/or X2 Diagnosis Record details reported incorrectly; ensure in-house Account Class reference tables updated as appropriate.

## **8. OTHER WIES FUNDABLE SEPARATIONS**

Reports, by calendar month of separation, and in total for calendar year, WIES fundable separations and WIES attributed to these details for episodes with Separation Account Class starting with other than 'M', 'P', 'V' or 'T'. These episodes also included in aggregate figures in section 3 of this report (above). Refer to Section 3 for Account Class details.

**Action: Check that correct number of other WIES fundable episodes, and derived WIES, reported.**

**Remedial Action:** Amend and re-transmit any E2 Episode Record and/or X2 Diagnosis Record details reported incorrectly; ensure in-house Account Class reference tables updated as appropriate.

**9. SAME DAY WIES  
FUNDABLE  
SEPARATIONS**

Reports, by calendar month of separation, and in total for calendar year, same day WIES fundable separations, and WIES attributed to these, according to Admission Type:

- 9.1 and 9.2: Emergency: Admission Type R, I or O;
- 9.3 and 9.4: Elective: Admission Type other than R, I, O, Y, M or S;
- 9.5 and 9.6: Other sameday: Admission Type Y, M or S;
- 9.7 and 9.8: Total sameday: sum of lines 9.1 to 9.6 inclusive.

These episodes also included in aggregate figures in section 3 of this report (above). Refer to Section 3 for Admission Type details.

**Action: Check that correct number of same day episodes, and derived WIES, reported, with correct Admission Type.**

**Remedial Action:** Amend and re-transmit any E2 Episode Record and/or X2 Diagnosis Record details reported incorrectly; ensure in-house Admission Type reference tables updated as appropriate.

**10. NON-SAME DAY  
WIES FUNDABLE  
SEPARATIONS**

Reports, by calendar month of separation, and in total for calendar year, non-same day WIES fundable separations and WIES attributed to these, according to Admission Type:

- 10.1 and 10.2: Emergency: Admission Type R, I or O;
- 10.3 and 10.4: Elective: Admission Type other than R, I, O, Y, M or S;
- 10.5 and 10.6: Other sameday: Admission Type Y, M or S;
- 10.7 and 10.8: Total sameday: sum of lines 10.1 to 10.6 inclusive.

These episodes also included in aggregate figures in section 3 of this report (above). Refer to Chapter 3 for Admission Type details.

**Action: Check that correct number of non-same day episodes, and derived WIES, reported, with correct Admission Type.**

**Remedial Action:** Amend and re-transmit any E2 Episode Record details reported incorrectly; ensure in-house Admission Type reference tables updated as appropriate.

**11. NON-WIES  
FUNDABLE  
(EXCLUDED)  
SEPARATIONS**

Reports, by calendar month of separation, and in total for calendar year, non-WIES fundable separations, within categories, as below.

Non-WIES fundable separations are those:

- With Care Type 4, 8, 0 or U;

*And* one or more the following:

- VIC-DRG4 not entered
- VIC-DRG4 equal to 960Z, 961Z, 962Z or 963Z
- Contract Role equal to B
- Program Funding Source not equal to 6
- Unqualified Newborn Transfer (Separation Account Class NT).

**UNCODED/  
PROBLEM DRGs**

Reports separations with Care Type 4, 8, 0 or U for which diagnosis details have either not been successfully processed by PRS/2, or for which the VIC-DRG derived is excluded from WIES funding.

**11.1 Uncoded  
Separations**

Episodes for which separation details have been reported to PRS/2, but for which no diagnosis details have yet been successfully processed by PRS/2, and hence no VIC-DRG has yet been derived.

**Action: Check for uncoded episodes.**

**Remedial Action:** Identify each uncoded episode (monitor summary Diagnoses Outstanding report each transmission, and order a Diagnosis Outstanding Report for the relevant period, if required – see Section 5, Compilation and Transmission); assess whether episode meets Admission Criteria; if so, ensure clinical documentation complete, and submit diagnosis and procedure codes promptly.

**11.2 VIC-DRGs  
960Z, 961Z, 962Z, 963Z**

Episodes for which the diagnosis and procedure details processed by PRS/2 have derived one of the listed VIC-DRGs, which are excluded from WIES funding.

**Action: Check for excluded episodes.**

**Remedial Action:** Identify each excluded episode; review clinical documentation to ensure reported diagnosis and procedure codes are appropriate: if VIC-DRG derived is appropriate, no further action; if codes revised, re-submit X2 Diagnosis Record; if unable to identify reason for grouping to these VIC-DRGs, contact PRS/2 HelpDesk for advice.

**CONTRACT** Reports, according to payer, separations with Care Type 4, 8, 0 or U that included details of a contractual arrangement.

**11.3 External Payer** Episodes reported with Contract Type 1 and Contract Role B.  
**Action: Check that correct number of episodes contracted by an external (non-hospital) payer reported.**

**Remedial Action:** Identify any E2 Episode Records incorrectly reporting external payer contract arrangement: amend and re-transmit these.

**11.4 Other Hospital** Episodes reported with Contract Type other than 1, and Contract Role B.

**Action: Check that correct number of episodes contracted by another hospital reported.**

**Remedial Action:** Identify any E2 Episode Records incorrectly reporting contract arrangement with another hospital: amend and re-transmit these.

## **PROGRAM FUNDING SOURCE**

**11.5 Separations with PFS Not Equal To Acute Health** Reports all separations with Program Funding Source other than 6 Acute Health.

**Action: Check that correct number of episodes reported with Program Funding Source other than Acute Health (code 6).**

**Remedial Action:** Identify any E2 Episode Records incorrectly reporting Program Funding Source: amend and re-transmit these.

## **TRANSFERRED AND UNQUALIFIED NEWBORN**

**11.6 Newborn – Transferred And Unqualified This Episode** Reports all separations with Separation Account Class NT.  
**Action: Check that correct number of episodes reported with Account Class NT.**

**Remedial Action:** Identify any E2 Episode Records incorrectly reporting Account Class NT: amend and re-transmit these.

**11.7 Non-WIES Fundable Separations - Total** Total of all non-WIES fundable separations (lines 11.1 to 11.6 inclusive).

# Hospital Activity and WIES Report

HOSPITAL CODE: 999 HOSPITAL ACTIVITY & WIES REPORT	HOSPITAL NAME: THE DEPARTMENT HUMAN SERVICES											FINANCIAL YEAR: 2002-2003	
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
<b>1 SEPARATION DETAILS</b>													
1.1 ALCOHOL & 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)	20	0	0	0	0	0	0	0	0	0	0	0	20
1.6 APPROVED MENTAL HLTH/PSYCHOGERIATRIC (CARE TYPE 5)	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 & 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 UNQUALIFIED NEWBORN (CARE TYPE U)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.14 TOTAL SEPARATIONS	20	0	0	0	0	0	0	0	0	0	0	0	20
<b>2 PATIENT DAY DETAILS</b>													
2.1 ALCOHOL & 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)	54	0	0	0	0	0	0	0	0	0	0	0	54
2.6 APPROVED MENTAL HLTH/PSYCHOGERIATRIC (CARE TYPE 5)	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 & 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 UNQUALIFIED NEWBORN (CARE TYPE U)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 TOTAL SEPARATIONS	54	0	0	0	0	0	0	0	0	0	0	0	54

HOSPITAL CODE: 999		HOSPITAL NAME: THE DEPARTMENT HUMAN SERVICES										FINANCIAL YEAR: 2002-2003	
HOSPITAL ACTIVITY & WIES REPORT		1/07/2002 TO 31/07/2002											
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
<b>3 WIES FUNDABLE SEPARATIONS</b>													
3.1 TOTAL SEPARATIONS	20	0	0	0	0	0	0	0	0	0	0	0	20
3.2 TOTAL WIES	8.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.45
WIES CO-PAYMENTS/LOADINGS													
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 THALASSAEMIA 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 COLONOSCOPY 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
3.9 TOTAL CO-PAYMENTS/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													
3.10 LOW OUTLIER SEPARATIONS	0	0	0	0	0	0	0	0	0	0	0	0	0
3.11 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
3.12 INLIER SEPARATIONS	20	0	0	0	0	0	0	0	0	0	0	0	20
3.13 INLIER WIES	8.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.45
3.14 HIGH OUTLIER SEPARATIONS	0	0	0	0	0	0	0	0	0	0	0	0	0
3.15 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													
3.16 HOSPITAL IN THE HOME SEPARATIONS	0	0	0	0	0	0	0	0	0	0	0	0	0
3.17 HOSPITAL IN THE HOME PATIENT DAYS	0	0	0	0	0	0	0	0	0	0	0	0	0
3.18 SAME DAY MEDICAL TARGET SEPARATIONS	0	0	0	0	0	0	0	0	0	0	0	0	0
3.19 SAME DAY 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
3.20 ATSI SEPARATIONS	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>4 PUBLIC WIES FUNDABLE SEPARATIONS</b>													
4.1 PUBLIC WIES FUNDABLE SEPARATIONS	20	0	0	0	0	0	0	0	0	0	0	0	20
4.2 PUBLIC WIES	8.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.45
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 MEDICAL TARGET SEPARATIONS	0	0	0	0	0	0	0	0	0	0	0	0	0
4.6 PUBLIC SAME DAY 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
<b>5 PRIVATE WIES FUNDABLE SEPARATIONS</b>													
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 SAME DAY MEDICAL TARGET SEPARTIONS	0	0	0	0	0	0	0	0	0	0	0	0	0
5.6 PRIVATE SAME DAY 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
<b>6 DVA WIES FUNDABLE SEPARATIONS</b>													
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

HOSPITAL CODE: 999		HOSPITAL NAME: THE DEPARTMENT HUMAN SERVICES										FINANCIAL YEAR: 2002-2003		
<b>7 TAC WIES FUNDABLE SEPARATIONS</b>														
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	
<b>8 OTHER WIES FUNDABLE SEPARATIONS</b>														
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	
<b>9 SAMEDAY</b>														
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	5	0	0	0	0	0	0	0	0	0	0	0	5	
9.4 ELECTIVE WIES	2.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.45	
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 SAME DAY SEPARATIONS	0	0	0	0	0	0	0	0	0	0	0	0	0	
9.8 TOTAL SAME DAY 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	
<b>10 NON-SAMEDAY</b>														
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	15	0	0	0	0	0	0	0	0	0	0	0	15	
10.4 ELECTIVE WIES	6.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7.00	
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-SAME DAY SEPARATIONS	0	0	0	0	0	0	0	0	0	0	0	0	0	
10.8 TOTAL NON-SAME DAY 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	
<b>11 NON-WIES FUNDABLE (EXCLUDED) SEPARATIONS</b>														
<b>UNCODED/PROBLEM DRGS</b>														
11.1 UNCODED SEPARATIONS	0	0	0	0	0	0	0	0	0	0	0	0	0	
11.2 VIC DRG4S 960 Z, 961 Z, 962 Z, 963Z	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>CONTRACT</b>														
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	
<b>PROGRAM FUNDING SOURCE</b>														
11.5 SEPARATIONS WITH PFS NOT EQUAL TO ACUTE HEALTH	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>TRANSFERRED AND UNQUALIFIED NEWBORN</b>														
11.6 NEWBORN - TRANSFERRED AND UNQUALIFIED THIS EPISODE	0	0	0	0	0	0	0	0	0	0	0	0	0	
11.7 NON-WIES FUNDABLE (EXCLUDED) SEPARATIONS - TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	

# Overview of PRS/2 Processes

The Department uses VAED data for a range of important purposes, so each hospital needs to ensure that the data it transmits are accurate and complete, and reflect the admitted patient activity within that hospital.

Data are transmitted to the PRS/2 database as a 'snapshot' of each admitted patient's details, as held on the hospital's patient information system at the time a transmission file is compiled. These details must be configured as specified in Section 5, *Compilation and Transmission*. If any of these patient episode details subsequently changes, an updated 'snapshot' must be transmitted, linked to the earlier one by the Unique Key, a data item common to each patient data record (E2, X2, Y2, S2, V2). If accepted, this updated 'snapshot' then entirely over-writes the earlier details held on the PRS/2 database.

---

## Data Transmission Cycle

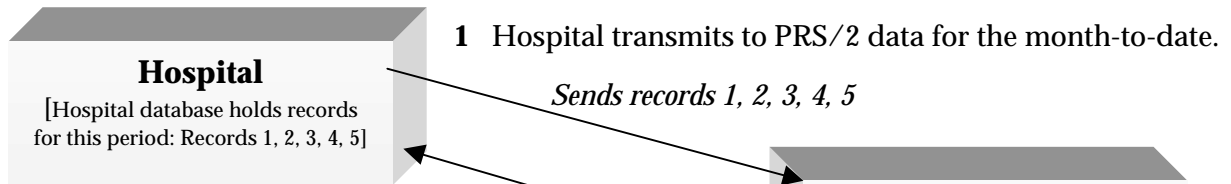
---

No transmission to PRS/2 should be prepared and sent unless the previous transmission's Transmission Control and Reconciliation Reports have been received from Allegiance Systems, *and reconciled with the in-house figures, with corrections made and marked for inclusion in the following transmission.*

When compiling the subsequent transmission file, ensure all corrections from the previous transmission file are included, along with details of all episodes commencing and concluding during the period reported (*Header Record* Start and End Dates). Also ensure the *Trailer Records* report correct Summary Statistics (T2) and End of Month Statistics (T2 and U2).

*Failing to reconcile and correct reports on a monthly basis will compound problems: the hospital's data in PRS/2 will not accurately reflect the hospital's admitted patient activity.*

At least one transmission is required for each calendar month, but more may be submitted where throughput warrants. In order to ensure corrections are included in the monthly consolidation of the VAED, some hospitals forward the bulk of the month's data in one transmission, then send a further transmission with Episode Records for the month's final one or two days' activity, along with corrections from the main transmission. Larger sites send multiple transmissions, with corrections in each, as represented in the following diagram:

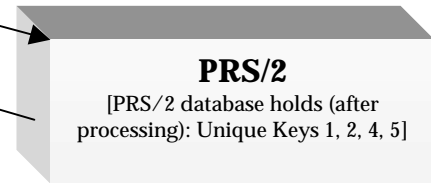


**2** PRS/2 processes the transmission.

*Accepts records 1, 4, 5; (all NEW)*

*Warns but accepts record 2 (NEW)*

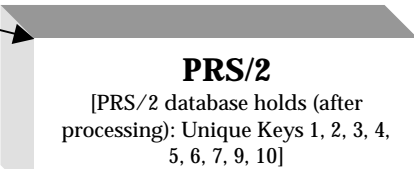
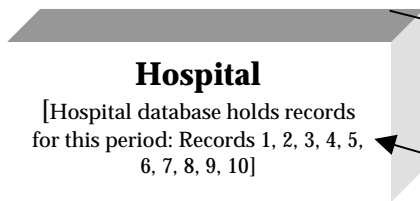
*Rejects record 3.*



**3** Hospital transmits to PRS/2 database from the previous cut-off date to the end of month (EOM).

*Re-sends records 2, 3*

*Sends records 6, 7, 8, 9, 10*



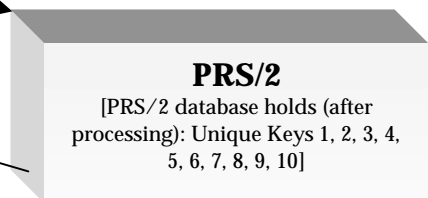
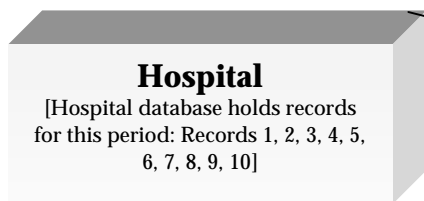
**4** PRS/2 processes the transmission.

*Accepts records 3 (UPD), 6, 7, 9, 10 (NEW)*

*Rejects records 2 (UPD), 8 (NEW)*

**5** Hospital transmits to PRS/2 file for correction of errors from EOM file.

*Re-sends records 2, 8 (previously rejected) and 7 (to update details)*



**6** PRS/2 processes the transmission.

*Accepts records 2, 7, 8*

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## Editing

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Each transaction received by PRS/2 is processed against a set of edits, as described in Section 8, *Editing*. The objective of these edits is to minimise the chance of erroneous data entering PRS/2. Incorporating similar edit checks, as a minimum, in your in-house information system will avoid many problems when transmitting to PRS/2.

Where PRS/2 detects a data error, or questionable data, an Edit Message is triggered: this gives details of the problem, its potential source, and suggested solution.

There are two outcomes to this editing processing: the transaction, *in its entirety*, is either REJECTED or ACCEPTED.

- REJECTION of a transaction leaves the PRS/2 database as it was previously:
  - if there had not previously been any accepted details for this Unique Key, there will remain none after processing this rejected transaction;
  - if there had previously been a transaction accepted for this Unique Key, either in a previous transmission, or earlier in this transmission, the PRS/2 database will retain those details, unaltered by this rejected transaction.
- ACCEPTANCE of a transaction creates a record on the PRS/2 database for this Unique Key, consisting of the details contained in this transaction. These details remain on the PRS/2 database, in this form, until an update is accepted, or the record is deleted.
  - A transaction which has been accepted can, however, include data which trigger a WARNING edit, details of which will be printed beside the transaction in the *Transmitted Transactions Report*.

Any transactions rejected, or triggering a warning edit, must be reviewed, and corrected and re-transmitted where relevant to ensure the PRS/2 database holds complete and accurate data.

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## Data Quality Checks

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The editing applied within PRS/2 is sufficiently broad to encompass the range of episode details provided by facilities throughout the State. Consequently, PRS/2 accepts, sometimes without even a Warning message, transactions that contain details that do not accurately report the details of a particular patient or a particular episode, at this particular hospital.

Hospitals must therefore review *all* data regularly to ensure details held on PRS/2 accurately and completely represent their hospital's admitted patient activity.

Hospitals can also tailor edits within their in-house information system to reflect the specific circumstances of that site. As such, in-house edits can be more stringent than PRS/2's more general limits.

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## Processing PRS/2 Transactions

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Any transaction that is not rejected is then processed against the PRS/2 database for the hospital identified by the *Hospital Code* in the *Header Record* for this transmission. This PRS/2 database is the accumulated result of all transmissions to that point, including *Episode Records* with *Separation Date* of 00/00/0000 (ie, remaining in hospital) at the end of the previous financial year.

Each PRS/2 patient data transaction includes a *Unique Key*, which is the unique identifier for *that* patient, for *that* episode. For each accepted transaction, PRS/2 scans its database for an earlier entry for that *Unique Key*.

- If none is found, this NEW transaction is appended to the PRS/2 database, which will hold these details *as transmitted* until a similar transaction is accepted at a later date. This outcome is indicated by 'NEW' printed in the column headed 'ACT' on the *Transmitted Transactions Report*.
- If an earlier entry is found, that earlier entry is UPDated by replacing it *entirely* with this transaction. This outcome is indicated by 'UPD' printed in the column headed 'ACT' on the *Transmitted Transactions Report*.

## Effect on Rejected Transactions on Transmission Reconciliation

Only transactions accepted by PRS/2 alter the PRS/2 database; rejected transactions do not alter the database at all. Where a transaction is held on PRS/2, and a subsequent transaction attempts to update those details, eg with separation details, but that second transaction is rejected, the earlier transaction remains unaltered, *including all patient day counts, and separation details (eg remaining in, indicated by the Separation Date 00/00/0000)*.

This is summarised as follows:

	Accepted	Warning	Rejected
NEW records	PRS/2 holds this record, as printed, for this Unique Key.	PRS/2 holds this record, as printed, for this Unique Key.  - Includes possible errors identified by the issued Warning Edit.	PRS/2 holds NOTHING for this Unique Key: although printed in the <i>Transmitted Transactions Report</i> , this record is identified as Rejected by the Edit,  - As if the record never existed
UPDATE records	PRS/2 overlays the previously held transaction with ALL details printed for this Unique Key.	PRS/2 overlays the previously held transaction with ALL details printed for this Unique Key.  - Includes possible errors identified by the issued Warning Edit.	PRS/2 retains the previous transaction for this Unique Key and <i>no part</i> of this transaction has been held by PRS/2.  - The transaction held is the one <i>most recently</i> accepted by PRS/2 for this Unique Key, and will include counts of patient days, etc, as transmitted <i>at that time</i> .

When reconciling PRS/2 data with in-house data, all discrepancies must be accounted for. This has most relevance to the E2 *Episode Record*, as that transaction holds the counts of *Patient Days*, and reports Admission and Separation Dates. Therefore, where an *Episode Record*, intended to update data transmitted previously, has rejected, *the difference between what remains on the PRS/2 database, and what would have been held if the updated details had been accepted*, is accounted for. Examples illustrating this process appear later in this Section. It is still important, however, to ensure other transactions that are rejected or trigger Warning messages, are corrected and retransmitted promptly.

# ***The Reconciliation Process***

In the *Trailer Records* of each transmission, the hospital sends statistics summarising its admitted patient activity. Once that transmission has been processed, PRS/2 compiles a set of the same statistics from the data it holds: this will include *only* those records that have been ACCEPTED in all transmissions for the relevant month, and from the accumulated database for the financial YTD.

Both sets of these statistics are displayed in the *User Reconciliation Reports*, described on page 7-29.

The reconciliation process aims to identify, and account for, any discrepancies between these sets of figures: *it is the responsibility of the hospital to take the action necessary to correct the errors and eliminate the discrepancies.*

As PRS/2 cannot detect all the errors that may exist in a hospital's data, and in-house systems can experience problems, the Department **strongly recommends** that:

- The hospital selects a *Full Transaction Trail* reporting option in the *Header Record*, providing a listing of *all records* submitted in that transmission file.  
Two options are available (refer to Section 5 *Compilation and Transmission*):
  - one lists transactions, by type, in the order in which they are submitted, with rejection and warning messages appearing throughout;
  - the other also lists transactions, by type, but records with rejection or warning messages appear first, followed by those without such edit messages.
- The hospital reviews all records listed in the *Transmitted Transactions Report* to ensure the accuracy of data held within the in-house system, and in PRS/2.
- The hospital's in-house system has the capability to create a copy of the PRS/2 file for review before each transmission. If a full copy is not available, the *Trailer Record* figures, at least, should be checked against the in-house figures *before* transmission. Only after the in-house and facsimile transmission details are reconciled should the extract be transmitted to PRS/2.

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# Reconciliation Resources

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The following documents will assist you in the Reconciliation process:

- **Key Features of PRS/2** (page 7-81)  
Highlights aspects of how PRS/2 works that impact on the reconciliation process.
- **Table of Types of Rejections** (page 7-95)  
Summarises the type of Rejections found within the *Transmitted Transactions Report*, with cross-references to the sample PRS/2 Worksheet 1.
- **Completed sample PRS/2 Worksheet 1** (page 7-96)  
Showing Adjustments needed for each type of rejection applying to an E2 Episode Record.
- **Explanatory Notes** (page 7-97)  
Describing the sample problems presented, and the reasoning behind the adjustments, on the sample PRS/2 Worksheet 1.
- **Completed sample PRS/2 Worksheet 2** (page 7-114)  
Showing how this is used to record action on errors in X2/Y2, S2 and/or V2 records.
- **Completed sample PRS/2 Worksheet 3** (page 7-121)  
Describing the relationship with, and use of, sample PRS/2 Worksheet 1, in completing sample PRS/2 Worksheet 2.
- **Blank PRS/2 Worksheet 1** (end of this section)  
Suitable for copying for your own use.
- **Blank PRS/2 Worksheet 2** (end of this section)  
Suitable for copying for your own use.
- **Blank PRS/2 Worksheet 3 – Private Hospitals** (end of this section)  
Suitable for copying for private hospital and day procedure centre use.
- **Blank PRS/2 Worksheet 3 – Public Hospitals** (end of this section)  
Suitable for copying for public hospital use.

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## Key Features of PRS/2

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A thorough understanding of the following key features of PRS/2 is essential to working successfully with PRS/2, and ensuring data accuracy and completeness:

- PRS/2 processes only the transactions it is sent, *in the order in which they are compiled in the transmission file*;
- PRS/2 does not calculate, other than for editing purposes, counts of Patient Days, [Normal] Leave Days or Contract Leave Days and therefore relies on counts transmitted by the hospital in the relevant data item fields:
  - Patient Days MTD, YTD, TOT
  - Leave Days [Normal] MTD, YTD, TOT
  - Contract Leave Days MTD, YTD, TOT;
- When tallying *MTD Patient Days*, PRS/2 simply adds all the figures in the *Patient Days MTD* fields for all *Episode Records* processed in this transmission and any other *Episode Record* already held in PRS/2, providing that these records have a Separation Date either within the month of the *Header Record*, or of 00/00/0000;
- PRS/2 cannot distinguish between patients remaining in at a cut-off date and those out on leave at a cut-off date: both have Separation Dates of 00/00/0000: only the in-house software system can distinguish between these two types of patients; the *User Reconciliation Report* reports the figure for *Patients On Leave* provided in the *Trailer Record* supplied by the hospital;
- PRS/2 rejects *entirely* transactions that do not meet its edits. For example, even if the error is in the Separation data in the *E2 Episode Record*, the entire E2 will be rejected by PRS/2, as the Admission data are not held separately. However, if an earlier version of the E2 had been accepted, that earlier version will be retained by PRS/2 until successfully amended.
- A rejected transaction does *not* update the PRS/2 database *at all*, and is *not* held by PRS/2 pending correction.
- PRS/2 accepts *exactly as transmitted* those transactions that meet its edits, including those transactions that trigger Warning edits.
- The E2 *Episode Record* is the pivotal patient data transaction, and unless one is accepted by PRS/2 for a patient episode, other patient data transactions will not be accepted by PRS/2 for that episode:
  - A rejected NEW E2 *Episode Record* will result in the rejection of all other records for this *Unique Key* (X2, Y2, S2 and V2).

When retransmitting a rejected E2, remember to retransmit all other records associated with the *Unique Key*.
  - A rejected UPDate E2 *Episode Record* will allow other records associated with this *Unique Key* (X2, Y2, S2 or V2) to be held by PRS/2 if those records are not rejected.
  - It is possible for any individual X2/Y2, S2 or V2 record to be rejected on its own merit, while other records for this *Unique Key* have been accepted, as long as the E2 record has been accepted, either in this, or a previous, transmission.

- PRS/2 uses a financial year of 1 July to 30 June. Therefore, for July data transmissions *only*, MTD totals should equal YTD totals. If different *Patient Day* figures for MTD and YTD appear on a report of a July transmission, refer to page 7-117.
- PRS/2 does *not* erase previous data and start each new financial year with a blank database: an episode transmitted and accepted with Separation Date 00/00/0000 will remain on the hospital's PRS/2 database until an updated E2 *Episode Record*, with Separation Date and other separation details, is transmitted, and accepted by PRS/2.
- PRS/2 requires user hospital personnel to locate problems, correct them, and ensure the corrected details are transmitted to, and accepted by, PRS/2: re-transmitting the same details that have previously been rejected by PRS/2, will continue to result in their rejection.

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## Steps in Reconciling a PRS/2 Transmission Report

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When you receive the *Transmission Control and Reconciliation Reports*, again make sure the figures provided by the hospital in the *Trailer Records* are correct according to in-house statistics. Then follow the steps listed below to reconcile PRS/2 to those figures. These steps are described in greater detail on the following pages.

- Step 1** Compare in-house figures (accepted as correct) to the figures in the columns headed *Trailer Rec Totals* in both pages of the *User Reconciliation Reports*. The *Trailer Rec Totals* columns on the PRS/2 reports should be adjusted to reflect the in-house figures, if necessary.
- Step 2A** Confirm that all corrections and re-transmitted records from previous transmission reports have been received and accepted by PRS/2 (use the *Transmitted Transactions Report*).
- Step 2B** Locate and check all records allocated an edit message in this transmission.
- Step 3** List all rejected, warned, and any other erroneous E2 records, on the PRS/2 Worksheet 1 (see sample on page 7-96). Provide as much detail as necessary, including adjustments that need to be made: this will make the correction process as easy as possible.  
List rejected, warned, and any other erroneous X2/Y2, S2 and/or V2 records on the PRS/2 Worksheet 2 (see sample on page 7-114).
- Step 4** Reconcile the *User Reconciliation Report Page 1*: adjust the *PRS/2 Calculated Totals* figures by the total adjustments on PRS/2 Worksheet 1; compare these adjusted figures with the figures in the *Trailer Rec Totals* column.

Continue this process until all necessary adjustments are identified, and both sets of figures are equal.

**Step 5** Summarise the adjustments on PRS/2 Worksheet 3, if necessary (see public hospital sample on page 7-121). Use the Worksheet relevant for your hospital sector.

**Step 6** Reconcile *User Reconciliation Report Page 2*: adjust the *PRS/2 Calculated Totals* figures by the total adjustments on PRS/2 Worksheet 3 and compare these adjusted figures with the figures in the *Trailer Rec Totals* column.

Continue this process until all necessary adjustments are identified, and both sets of figures are equal.

**Step 7** Correct the in-house data as necessary.

**Step 8** Re-transmit the records listed on Worksheets 1 and 2 to PRS/2 as necessary.

It is important to periodically undertake more detailed quality checks of the data. These are described starting on page 7-124.

## **Step 1            Compare in-house figures with *Trailer Rec Totals* column of *User Reconciliation Reports***

Compare the in-house figures recognised by the hospital as correct, with those transmitted to PRS/2 in the *Trailer Records* for this transmission, and printed in the *Trailer Rec Totals* columns of both pages of *User Reconciliation Reports*. If necessary, adjust the *Trailer Rec Totals* column figures by altering them to match the in-house figures. These are the figures to which the *PRS/2 Calculated Totals* must be reconciled.

If you need to adjust the *Trailer Rec Totals* column figures, you must also take whatever action is necessary under Step 7 (page 7-122). Also be sure to contact your software supplier to ensure that the correct in-house figures are reflected in the *Trailer Records*, and hence printed on the *User Reconciliation Reports*.

The correct in-house figures used in this reconciliation process should be drawn from your in-house system at the same time as the related PRS/2 transmission, and the *Trailer Records*, were compiled, ensuring all three sets of figures being compared and reconciled related to the one snapshot of data.

## **Step 2            A – Check all corrections and re-transmitted records successful**

### **B – Check all Records with Edit Messages**

Ensure all corrections and re-submissions from previous transmission report(s) have been submitted *and* accepted by PRS/2. Do this by using the PRS/2 Worksheet 1 compiled when checking the previous PRS/2 transmission (listing all records that were to be corrected and re-transmitted from that previous transmission) and checking the current *Transmitted Transactions Report* to see that each re-submission was made, and was successful. If not, you must determine why, resolve the problem, and re-transmit the record once again.

Check each page of the *Transmitted Transactions Report* carefully for records with Edit Messages (both Warning and Rejection messages). Note that any message beginning with *R* means that the record was *rejected*. For full details of each Edit Message, see Section 8 *Editing*.

All records with an Edit Message should be checked carefully to determine the error(s) triggering the edit(s) identified. Use the Edit Messages section, as well as the description of the data fields provided in the *Report of Transactions Processed* (page 7-10) to determine:

- The data field(s) causing the error(s);
- What the error(s) is/are;
- What effect the error(s) has had on the *PRS/2 Calculated Totals*, and note on PRS/2 Worksheet 1 the necessary adjustment(s) to the *PRS/2 Calculated Totals* figures on the *User Reconciliation Report Page 1*;
- What action (if any) is required to:
  - i. Correct the error(s) on the in-house database
  - ii. Submit correct details to PRS/2 in a future transmission

You may need to refer to your hospital's in-house software system manual for this step.

Note these actions on the PRS/2 Worksheet 1.

It is recommended that hospitals also review records other than those triggering PRS/2 edits: any errors identified by this process must also be corrected on the hospital's in-house system, and corrected data transmitted to PRS/2. Such corrections should also be recorded on the PRS/2 Worksheet 1, including any Patient Day adjustments required.

### **Step 3: List all Rejected/Erroneous Records and consequent Adjustments**

Rejections and other errors affect the PRS/2 statistics of MTD and/or YTD Admissions, Separations, Patient Days, Remaining In, etc, on the *User Reconciliation Report Page 1*.

PRS/2 Worksheet 1 prompts you to list the adjustments needed to reconcile PRS/2 figures to in-house figures, as printed in the *Trailer Rec Totals* column on the *User Reconciliation Report*.

Complete an entry on PRS/2 Worksheet 1 for each rejected/erroneous record, recoding in the various columns the relevant adjustments to the *PRS/2 Calculated Totals*, and noting the error's cause, and action to be taken.

Problems with X2/Y2, S2 and/or V2 records are more usefully recorded on PRS/2 Worksheet 2.

If your list of problem records is short and/or the range of *Account Classes* involved is narrow, PRS/2 Worksheet 1 also assists you to reconcile the PRS/2 figures with the inhouse figures set out *User Reconciliation Report Page 2*. However, if you have a number of errors to account for, summarise the adjustments from PRS/2 Worksheet 1 using PRS/2 Worksheet 3; see Steps 5 and 6.

The steps required to reconcile the *User Reconciliation Report* depend on how each rejected record was processed by PRS/2, as shown in the field headed ACT in the *Transmitted Transactions Report*: NEW or UPDATE. Remember the *Key Features of PRS/2* (page 7-81), and the different effects of the rejection of a transaction depending whether it is NEW or seeking to UPDATE the PRS/2 database, when completing these Worksheets.

Necessary adjustments to totals depend on what is held in PRS/2, and how this compares with what *should be* there. Adjust Remaining In, MTD and YTD Admissions, Separations, Patient Days and Leave Days individually, as required.

#### **Guide for adjustments:**

- **ACT = NEW**

Any record identified as NEW and allocated a rejection during processing is *not* held by PRS/2. Therefore, PRS/2 does not include a count of Admission, Separation, Patient Days or Leave Day fields in the database, or in the *PRS/2 Calculated Totals* on the *User Reconciliation Report*, for that rejected record. The rejected transaction must be corrected and retransmitted in the next transmission, but in the meantime, adjust the *User Reconciliation Report* by adding the appropriate statistics to the *PRS/2 Calculated Totals* column:

Example of E2 record rejected in month of admission:

	Admission	Separation	Remaining In	Patient Days	Leave Days
Rejected E2	01/07/2002	00/00/0000	[Yes]	31	0
Adjustment to PRS/2 Calculated Totals	+1 [PRS/2 total understated by 1 as no record of this admission]	0 [No separation occurred so PRS/2 total correct]	+1 [No separation occurred so PRS/2 total correct]	+31 [PRS/2 total understated by 31 as no record of these days]	0 [No leave days reported, and none held on PRS/2, so no adjustment required]

- **ACT = UPD**

Any record identified as UPDate and allocated a rejection during processing has been unsuccessful in its attempt to update the details held for a *Unique Key* that has previously been accepted by PRS/2. The PRS/2 database therefore retains the details for this E2 as they were previously accepted.

Adjustments to be made to the *User Reconciliation Report* are determined by the Separation Date of the earlier successful E2 held by PRS/2: you will need to refer to previous transmission reports to find these.

### Rejected UPDate E2 has a Separation Date of 00/00/0000

An E2 record is already held on PRS/2, and this will hold admission details including *Admission Date*, and counts of *Patient Days* and *Leave Days* for MTD, YTD and in TOTal. These counts, while correct as at the date when this accepted transaction was extracted from the in-house system - the 'snapshot' current at that time – do not reflect the additional days accrued since then, and will therefore not correctly reflect the situation as at the date of the current transmission. Because, for E2 records with *Separation Date* of 00/00/0000, PRS/2 simply tallies the entries in the *Patient Days MTD and YTD* fields, assuming them to be the MTD and YTD of the data parameters identified in the *Header Record*, the now outdated counts in these fields will be included in the summary statistics of Patient Days calculated by PRS/2 for MTD and YTD.

Adjustments must therefore be made to the *PRS/2 Calculated Totals* to reflect the changes since the accepted details were extracted:

	Admission	Separation	Remaining In	Patient Days	Leave Days
Previously accepted E2: transmission cut off date 20/07/2002	01/07/2002	00/00/0000	[Yes]	20	0
Rejected E2: transmission cut off date 31/07/2002	01/07/2002	00/00/0000	[Yes]	31	0
Adjustment to PRS/2 Calculated Totals for 31/07/2002 Transmission Report	0 [E2 already accepted with Admission details: PRS/2 'knows' this admission occurred]	0 [E2 accepted holds details which remain correct as at cut off for current transmission]	0 [Accepted E2 details remain correct for current transmission]	-20 +31 [PRS/2 holds details of 20 MTD Patient Days, but should be 31: deduct incorrect figure; add correct figure]	0 [E2 details held by PRS/2 remain correct, so no adjustment required]

**Rejected UPDATE E2 has a Separation Date in the period of the current transmission**

In addition to now incorrect counts of *Patient Days MTD* and *YTD*, the summary count of Separations will not include this patient's separation, as the Separation Date is after the previous transmission's cut off date, and the E2 accepted by PRS/2 therefore holds a *Separation Date* of 00/00/0000; nor will PRS/2's current summary count of Remaining Ins be accurate, as this episode will appear to PRS/2 to be continuing, whereas it has in fact be concluded.

Adjustments must therefore be made to the *PRS/2 Calculated Totals* to reflect the changes since the accepted details were extracted:

	Admission	Separation	Remaining In	Patient Days	Leave Days
Previously accepted E2; transmission cut off date 20/07/2002	01/07/2002	00/00/0000	[Yes]	20	0
Rejected E2; transmission cut off date 31/07/2002	01/07/2002	28/07/2002	[No]	27	0
Adjustment to PRS/2 Calculated Totals for 31/07/2002 Transmission Report	0 [E2 already accepted with Admission details: PRS/2 'knows' this admission occurred]	+1 [Accepted E2 holds incorrect Separation details, indicating patient not yet separated, and understating separations total by 1]	-1 [Accepted E2 holds incorrect Separation details indicating patient not yet separated, and overstating remaining in total by 1]	-20 +27 [PRS/2 holds details of 20 MTD Patient Days, but should be 27: deduct incorrect figure; add correct figure]	0 [E2 details held by PRS/2 remain correct, so no adjustment required]

## **Rejected UPDate E2 has a Separation Date prior to period of the current transmission**

Check previous *Transmission Reports* to determine the details currently held by PRS/2: if an earlier E2 was accepted with these *Admission* and *Separation Dates*, and *Patient Day* and *Leave Day* counts MTD and YTD, there would be no need to make adjustments to any of the *PRS/2 Calculated Totals* on the *User Reconciliation Report Page 1*. However, if the *Account Class* details were to be altered by the rejected E2 UPDate, you will need to make adjustments to the *PRS/2 Calculated Totals* on the *User Reconciliation Report Page 2* for this E2.

## **Note that an accepted E2 that is found to be erroneous may also require reconciliation adjustments, along with correction and retransmission.**

Adjustment and re-submission of the record is needed only if the record's Admission and/or Separation Date(s) are within the financial year being reconciled, *but* the record may still need to be corrected and retransmitted. Note that transactions for separations in the previous financial year can be submitted, updated or deleted until the PRS/2 dataset for the applicable financial year is closed, at the Final Consolidation in mid-September (actual date advised each year). Records not submitted by the deadlines detailed in Section 5 *Compilation and Transmission* will be subject to the relevant penalties.

## **Completing PRS/2 Worksheet 1**

The following points may help when completing PRS/2 Worksheet 1:

Remember the purpose of this Worksheet is to compile adjustments required to the *PRS/2 Calculated Totals* due to rejection of transactions by PRS/2, and any errors accepted by PRS/2; that is, to account for the shortcomings in PRS/2's database compared with the in-house system, as represented by the *Trailer Rec Totals* figures.

Records not submitted by the deadlines detailed in Section 5 *Compilation and Transmission* will be subject to the relevant penalties.

<b><i>Period</i></b>	Record the Header Record Start and End Dates, to remind you which month PRS/2 is denoting as the Month-To-Date throughout this Control Report.
<b><i>Page</i></b>	Record the Transmitted Transactions Report's page number, to provide a convenient reference for later use.
<b><i>NEW or UPD</i></b>	Record whether the erroneous record was a NEW or UPDATE record: this becomes important during the reconciliation process.
<b><i>UR Number</i></b>	Record the UR Number of the erroneous record, to easy identification.
<b><i>Unique Key</i></b>	Record the Unique Key of the erroneous record, for easy correction.
<b><i>Admission Date</i></b>	Record the correct Admission Date for the erroneous record. Place a tick (✓) next to the date if the record has been accepted, in this or a previous transmission. If the record has been accepted with an incorrect Admission Date, note both the incorrect and correct dates.

**Separation  
Date**

Record the correct Separation Date for the erroneous record. Include all Separations, formal and statistical.

Place a tick (✓) next to the date if the record has been accepted in this or a previous transmission.

If the record has been accepted with an incorrect Separation Date, note both the incorrect and correct dates.

**Separation  
Type- MTD  
and YTD  
(Statistical  
Separations)**

If the rejected record is a statistical separation, record the Separation Type in the MTD and/or the YTD columns.

Relates to records with a Separation Type of 1, 2, 3, 4, 5, 6, 7, 8, 9, E, F.

**Remaining In**

If the rejected E2 Episode Record has a Separation Date of 00/00/0000 and is shown as a NEW transaction – enter plus one (+1) in the column.

- This action is required to recognise that the in-house system holds one more record, as a current admitted patient, than PRS/2 holds.

If the rejected E2 Episode Record is shown as an UPD transaction (that is, PRS/2 holds an earlier E2 Episode Record for this Unique Key) and has a Separation Date, you need to check whether that earlier accepted E2 contained a Separation Date. If the Separation Date is in *this* month and this is your first transmission, then the earlier E2 will not contain a Separation Date. If the Separation Date is for a previous month, you will need to check in earlier Control Reports:

If the earlier E2 does contain a Separation Date and was accepted, no adjustment is needed to this column.

If the earlier E2 does *not* contain a Separation Date, enter minus one (-1) in this column.

- This action is required to recognise that the in-house system holds one less record, as a current admitted patient, than PRS/2 holds. This is because PRS/2 assumes the patient is still admitted because there is no Separation Date in the record held, while the in-house recognises that the patient was separated and is no longer counted as an admitted patient.

If the rejected Episode Record (E2) is shown as a NEW transaction and has an Admission and Separation Date either within the month of transmission or earlier than the month of transmission, leave the column blank.

- This action is required, as the record does not have any impact on the Remaining In figures of the User Reconciliation Report for this transmission.

- Patient Days – MTD and YTD** When recording the Patient Days of an erroneous record, remember:
- MTD means the month being dealt with *in this transmission*;
  - If the episode includes Patient Days before 01/07/2002, these days belong to the previous financial year and should not be included in YTD counts.

A rejected UPD record requires you to deduct (-) the Patient Days identified in the previously accepted record and add (+) the Patient Days identified in the rejected record, in order to achieve the appropriate totals. See examples on page 7-97.

- Contract Days – MTD and YTD** If the erroneous record includes Contract Leave Days, remember:
- MTD means the month being dealt with *in this transmission*;
  - If the episode includes Contract Leave days before 01/07/2002, these days belong to the previous financial year and should not be included in YTD counts.

A rejected UPD record may require you to deduct (-) the Contract Leave days identified in the previously accepted record and add (+) the Contract Leave days identified in the rejected record, in order to achieve the appropriate totals. See examples on page 7-97.

- [Normal] Leave Days – MTD and YTD** If the erroneous record includes [Normal] Leave Days, remember:
- MTD means the month being dealt with *in this transmission*;
  - If the episode includes [Normal] Leave days before 01/07/2002, these days belong to the previous financial year and should not be included in MTD/YTD counts.

A UPD record may require you to deduct (-) the [Normal] Leave days identified in the previously accepted record and add (+) the [Normal] Leave days identified in the rejected record, in order to achieve the appropriate totals. See examples on page 7-97.

**Account Class** This information is important for summarising the information onto PRS/2 Worksheet 3, and reconciling User Reconciliation Report Page 2.

If a single E2 *Episode Record* had multiple Status Segments listing multiple *Account Classes* during the episode, and those *Account Classes* fall into different EOM categories (the only likely scenario being a combination of NHT NH5 and non NHT NH5), record the episode using a separate line of the PRS/2 Worksheet 1 for each *Account Class*. See examples on page 7-97. For details of the EOM categories of *Account Classes* refer to Section 3: *Account Classes mapped to AIMS Trailer Record fields*.

<b>Same Day</b>	<p>If the rejected E2 Episode Record is shown as a NEW transaction and is correctly Same Day, you need add one (+1) in this column.</p> <p>If the rejected E2 Episode Record is shown as a UPD transaction (that is, an earlier Episode Record is on PRS/2 for this Unique Key) and is correctly Same Day, you need to check whether that earlier accepted E2 was Same Day. If it was previously Same Day, no adjustment needed. If it was previously overnight, you need to add one (+1) in this column.</p>
<b>Trailer Record EOM Group</b>	Record the EOM group to which the record belongs. For further information refer to Section 3: <i>Account Classes mapped to AIMS Trailer Record fields</i> .
<b>Comments and Actions</b>	<p>Record the specific details of edits, errors and corrective action required to ensure that each record is accepted by PRS/2 on resubmission.</p> <p>Provide as much detail as possible including when the record will be re-transmitted as this Worksheet will be used to verify that all erroneous records have been corrected, re-transmitted and accepted by PRS/2 in the appropriate transmission.</p>
<b>Nett Adjustments</b>	<p>Located at the foot of the Worksheet.</p> <p>These are the overall adjustments to make to figures in the <i>PRS/2 Calculated Totals</i> of the <i>User Reconciliation Report Page 1</i>. It is important to make entries in the appropriate MTD and YTD rows and columns to ensure accurate adjustments.</p>
<b>Admissions</b>	Count plus one (+1) Admission for each Admission Date that does not have a tick (✓) next to the date. Adjustments should be required to Admission statistics (YTD or YTD) for accepted records only if the date(s) are in the wrong month and/or financial year.
<b>Separations</b>	Count plus one (+1) Separation for each Separation Date that does not have a tick (✓) next to the date. Adjustments should be required to Separation statistics (YTD or YTD) for accepted records only if the date(s) are in the wrong month and/or financial year.
<b>Statistical Separations</b>	Count plus one (+1) for each row on the Worksheet that is not blank.
<b>Remaining In</b>	Total the plus and minus figures, and record the nett adjustment figure at the foot of the column.
<b>Patient Days</b>	Total the plus and minus figures to ascertain the number of <i>Patient Days</i> that need to be adjusted in the <i>PRS/2 Calculated Totals</i> to reconcile the <i>User Reconciliation Report Page 1</i> .
<b>Contract Leave Days</b>	Total the plus and minus figures to ascertain the number of <i>Contract Leave Days</i> that need to be adjusted in the <i>PRS/2 Calculated Totals</i> to reconcile the <i>User Reconciliation Report Page 1</i> .

***[Normal]*** Total the plus and minus figures to ascertain the number of *[Normal]* ***Leave Days*** that need to be adjusted in the *PRS/2 Calculated Totals* to reconcile the *User Reconciliation Report Page 1*.

You should also make annotations on the Control Report printout indicating action to be taken; this is a working document and notes made during the reconciliation process will act as a reminder to action required and taken later in the process.

## Table of Types of Rejections

The table below summarises the types of rejections that can be found in the *Transmitted Transactions Report*. Following this is a sample PRS/2 Worksheet 1 that illustrates each type of rejection. After that are descriptions of each of these illustrative episodes, identified by their 'page number' used in the table below and on the ample PRS/2 Worksheet 1.

<b>E2 ACT</b>	<b>Admission Date is in:</b>	<b>Separation Date is in:</b>	<b>Example in Worksheet 1 on line marked:</b>
NEW	Previous financial year	Previous financial year	Page 1
NEW	Previous financial year	Current financial year Not Current Month	Page 2
NEW	Previous financial year	Current Month	Page 3
NEW	Current financial year Not Current Month	Current financial year Not Current Month	Page 4
NEW	Current financial year Not Current Month	Current Month	Page 5
NEW	Current financial year Not Current Month	Not Separated	Page 6
NEW	Current Month	Current Month	Page 7
NEW	Current Month	Not Separated	Page 8
UPDate	Previous financial year	Current financial year Not Current Month	Page 9
UPDate	Previous financial year	Current Month	Page 10
UPDate	Current financial year Not Current Month	Current financial year Not Current Month	Page 11
UPDate	Current financial year Not Current Month	Current Month	Page 12
UPDate	Current financial year Not Current Month	Not separated	Page 13
Rejected E2 record with Account Classes in multiple EOM categories			Page 14
Rejected X2 record			Page 15

Rejections in the X2/Y2, S2 or V2 sections of the Control Report are more usefully recorded on a PRS/2 Worksheet 2. An example of the use of this Worksheet is provided on page 7-114.

# [Sample] PRS/2 Worksheet 1

## Period: 01 / 08 / 02 to 31 / 08 / 02

Page No	New/ Upd	UR No.	Unique Key	Admission Date ✓ = accepted previously	Separation Date ✓ = accepted previously	Sepn Type = statistical		Remain In	Patient Days		Contract days		Normal leave days		Account Class	Trailer Rec EOM group	Same Day	Comments and Action
						MTD	YTD*		MTD	YTD*	MTD	YTD*	MTD	YTD*				
1	N	001234	001234	16/06/02	28/06/02													Postcode file not yet fixed. Re-trans 09/02
2	N	001467	001467	22/06/02	04/07/02		2		+3					PA2	Pvt Ac			DOB not fixed. Re-trans 09/02
3	N	001604	001604	27/06/02	07/08/02	1	1		+6	+32			+5	HP	Pub Ac			COB wrong. Re-trans 09/02
4	N	001899	001899	17/07/02	23/07/02				+6					SA	Comp Ac			Sep Time wrong. Re-trans 09/02
5	N	002201	002201	31/07/02	04/08/02				+3	+4				ST	Comp Ac			Invalid Transfer Source. Re-trans 09/02
6	N	002163	002163	25/07/02	00/00/00			+1	+31	+38				ST	Comp Ac			Invalid Transfer Source.
7	N	002495 (should be 000495)	002495	11/08/02	15/08/02				+4	+4				HP	Pub Ac			UR double up. Correct this E2. Re-trans 09/02
8	N	002604	002604	24/08/02	00/00/00			+1	+8	+8				HP	Pub Ac			Invalid Sex code. Re-trans 09/02
9	U	001652	001652	29/06/02 ✓	02/07/02			-1	-2	-2				PA1	Pvt Ac			Invalid Sep Transfer. Re-trans 09/02
10	U	001011	001011	03/06/02 ✓	06/08/02			-1	-31	-31				VM2	Pvt Ac			Sep Type/Trans Conflict. Re-trans 09/02
11	U	001880	001880	06/07/02 ✓	In as 08/07 18/07/02				-2	-2				XX	Inel Ac			Sep Date mispunched. Re-trans 09/02
12	U	001795	001795	08/07/02 ✓	01/08/02			-1	-24	-24				HP	Pub Ac			Sep Trans absent. Re-trans 09/02
13	U	001970	001970 (Should be 001917)	23/07/02 ✓	00/00/00				-9	-9				HP	Pub Ac			Duplicate case (this wrong U/K) Re-trans 09/02
14	N	002300	002300	05/08/02	31/08/02				+20	+20				HPN	Pub non NH5			Invalid Acc Type. Re-trans 09/02 as U/K 001917
									+6	+6				HP5	Pub NH5			Invalid Acc Type.
15	U	001806	001806	10/07/02 ✓	12/07/02 ✓													X2 Rejected. Sex wrong in E2. Re-trans E2, X2 09/02
		<b>Nett adjustments</b>		<b>Admissions</b>	<b>Separations</b>	<b>Stat Sepns</b>		<b>Rem In</b>			<b>Contract days</b>		<b>Normal leave</b>		<b>* Financial YTD that includes this transmission</b>			
						<b>MTD</b>	<b>YTD*</b>		<b>MTD</b>	<b>YTD*</b>	<b>MTD</b>	<b>YTD*</b>	<b>MTD</b>	<b>YTD*</b>				
				MTD +3	+6	+1		+1	+48									
				YTD* +6	+9		+2			+166			+5					

## **Explanatory Notes for Sample PRS/2 Worksheet 1**

All sample PRS/2 Worksheets here relate to a public hospital report but the examples are also applicable to private hospitals.

In the following, notes in *italics* explain why the record was noted on PRS/2 Worksheet 1 (why the record was erroneous) and the necessary corrective action.

Notes in plain font explain what action is required to complete the reconciliation.

For adjustment to EOM statistics, the examples refer to the *public* hospital AIMS forms.

The month the Control Report discussed is August 2002.

## Page 1, Unique Key 001234

*E2 was rejected in earlier transmission due to an invalid postcode. Hospital's in-house Postcode Reference File accepted invalid code therefore that Reference File needs to be corrected.*

*Correct the Postcode then re-transmit the E2.*

*Any corrective action taken after previous rejection obviously has not been successful.*

E2 denoted by PRS/2 as NEW, so there is nothing being held on PRS/2 for this Unique Key.

- Admission Date and Separation Date are both in the previous financial year (before 1 July 2002):
  - So no adjustment is required for the MTD and YTD Admission, Separations, Statistical Separations and Patient Days (and therefore no adjustment needed in EOM group)
- No record on PRS/2 and patient separated before 31/08/02:
  - Remaining In: no adjustment required.

## Page 2, Unique Key 001467

*E2 had been rejected in earlier transmission because Date of Birth was detected as being an impossible date. In-house edits need to be tightened.*

*Any corrective action taken after previous rejection obviously has not been successful. Correct the Date of Birth and re-transmit the E2.*

E2 denoted by PRS/2 as NEW, so there is nothing being held on PRS/2 for this Unique Key.

- Admission Date in the previous financial year (before 1 July 2002):
  - So no adjustment is required for the MTD and YTD Admission.
- Separation Date in *current* financial year but *not* current month (transmission parameters = 01/08/2002 to 31/08/2002):
  - MTD Separations: no adjustment needed.
  - YTD Separations: adjustment plus 1 (+1).
- Separation Type is 2 *Change to Designated Rehabilitation 1* therefore a Statistical Separation. Separation Date in *current* financial year but *not* current month:
  - MTD Statistical Separations: no adjustment needed.
  - YTD Statistical Separations: adjustment plus 1 (+1).
- No record on PRS/2 and patient separated before 31/08/2002
  - Remaining In: no adjustment needed.
- Patient accrued Patient Days in *current* financial year but *not* current month.
  - MTD Patient Days: no adjustment needed.
  - Count *only* those Patient Days incurred in current financial year (01/07/2002, 02/07/2002 and 03/07/2002); do not count date of separation (04/07/2002), *nor* days incurred in previous financial year (22/06/2002 to 30/06/2002 inclusive):
  - YTD Patient Days: adjustment plus 3 (+3).

### PRS/2 Worksheet 3:

- Account Class is PA, which is in EOM group Private – Acute.
- Month Separations: no adjustment needed.
- Month Patient Days: no adjustment needed.
- YTD Separations: +1 (as above) in Private – Acute row and total.
- YTD Patient Days: +3 (as above) in Private – Acute row and total.

## Page 3, unique Key 001604

*E2 was rejected in this transmission because of invalid Country of Birth code.*

*Hospital's in-house Country of Birth Code File accepted invalid code therefore that File needs to be corrected. Correct the Country of Birth code and re-transmit the E2.*

E2 denoted by PRS/2 as NEW, so there is nothing being held on PRS/2 for this Unique Key.

- Admission Date in previous financial year:
  - MTD and YTD Admissions: no adjustment needed.
- Separation Date in current month:
  - MTD Separations: adjustment plus 1 (+1).
  - YTD Separations: adjustment plus 1 (+1).
- Separation Type is 1 *Change to NHT* so separation is a Statistical Separation:
  - MTD and YTD Statistical Separations: adjustment plus 1 (+1).
- No record on PRS/2 and *this* episode has been completed before 31/08/2002 (even though the patient may still be in hospital as part of the NHT episode of care):
  - Remaining In: no adjustment needed.
- Patient accrued Patient Days in the previous month of the current financial year (July) as well as the current month (August) therefore the MTD and YTD figures will be different. MTD Patient Days are 01/08/2002 to 06/08/2002 inclusive, not the date of separation. There are also [Normal] Leave Days reported (MTD 0, YTD 5):
  - MTD Patient Days: adjustment plus 6 (+6).
  - YTD Patient Days: adjustment plus 32 (+32).  
being 31 (July days) plus 6 (August days) = 37 minus 5 YTD [Normal] Leave Days = 32.
- *Dealing with [Normal] Leave Days is the trick in this case.*
  - No adjustment for those Patient Days accrued in the *previous* financial year.

### PRS/2 Worksheet 3

- Account Class is MP, which is in EOM group Public – Acute.
- Month Separations: adjustment plus 1 (+1) in Public – Acute row and total.
- Month Patient Days: adjustment plus 6 (+6) in Public – Acute row and total.
- YTD Separations: adjustment +1 (as above) in Public – Acute row and total.
- YTD Patient Days: adjustment 32 (as above) in Public – Acute row and total.

## Page 4, Unique Key 001899

*E2 was again rejected in this transmission because of invalid Separation Time.*

*Hospital's in-house system accepted 0000 therefore in-house edits need to be tightened.*

*Correct the Separation Time and re-transmit the E2.*

E2 denoted by PRS/2 as NEW, so there is nothing being held on PRS/2 for this Unique Key.

- Admission Date and Separation Date *both* in *current* financial year but *neither* in current month:
  - MTD Admissions and Separations: no adjustment needed.
  - YTD Admissions and Separations: adjustment plus 1.
- No record on PRS/2 and patient separated before 31/08/2002:
  - Remaining In: no adjustment needed.
- Patient accrued Patient Days in *current* financial year but *not* current month:
  - MTD Patient Days: no adjustment needed.
  - YTD Patient Days: adjustment plus 6 (+6) each.

### PRS/2 Worksheet 3

- Account Class is WC, which is in EOM group Compensable – Acute.
- Month Separations: no adjustment needed.
- Month Patient Days: no adjustment needed.
- YTD Separations: adjustment +1 (as above) in Compensable – Acute row and total.
- YTD Patient Days: adjustment +6 (as above) in Compensable – Acute row and total.

## Page 5, Unique Key 002201

*E2 was again rejected in this transmission because of invalid Transfer Source code.*

*Hospital's in-house Hospital Code File accepted invalid code therefore that File needs to be corrected.*

*Correct the Transfer Source code then re-transmit the E2.*

E2 denoted by PRS/2 as NEW, so there is nothing being held on PRS/2 for this Unique Key.

- Admission Date in *previous* month:
  - MTD Admissions: no adjustment needed.
  - YTD Admissions: adjustment plus 1 (+1).
- Separation Date in *current* month:
  - MTD and YTD Separations: adjustment plus 1 (+1) each.
- No record on PRS/2 and patient separated before 31/08/2002:
  - Remaining In: no adjustment needed.
- Patient accrued 3 MTD Patient Days (01/08/2002, 02/08/2002, 03/08/2002) but no Patient Day for the date of separation (04/08/2002):
  - MTD Patient Days: adjustment plus 3 (+3).
- Patient accrued 4 YTD Patient Days (the one day in addition to the MTD adjustment is for the Admission Date in the previous month, 31/07/2002):
  - YTD Patient Days: adjustment plus 4 (+4).

### **PRS/2 Worksheet 3**

- Account Class is TA, which is in EOM group Compensable – Acute.
- Month Separations: adjustment plus 1 (+1)(as above) in Compensable – Acute row and total.
- Month Patient Days: adjustment plus 3 (+3)(as above) in Compensable – Acute row and total.
- YTD Separations: adjustment plus 1 (+1)(as above) in Compensable – Acute row and total.
- YTD Patient Days: adjustment plus 3 (+3)(as above) in Compensable – Acute row and total.

## Page 6, Unique Key 002163

*E2 was rejected again in this transmission because of invalid Transfer Source code.*

*Hospital's in-house Hospital Code File accepted invalid code therefore that File needs to be corrected.*

*Correct the Transfer Source code and re-transmit the E2.*

E2 denoted by PRS/2 as NEW, so there is nothing being held on PRS/2 for this Unique Key.

- Admission Date in *previous* month:
  - MTD Admissions: no adjustment needed.
  - YTD Admissions: adjustment plus 1 (+1).
- Not separated (Separation Date reported 00/00/00):
  - MTD and YTD Separations: no adjustment needed.
- Patient remained in at end of current month but there was no record in PRS/2 of admission so this patient has not been counted by PRS/2 in its tally of patients Remaining In:
  - Remaining In: adjustment plus 1 (+1).
- Patient accrued Patient Days in the previous month of the current financial year (July) as well as the current month (August) therefore the MTD and YTD figures will be different:
  - MTD Patient Days: adjustment plus 31 (+31)(whole month of August).
  - YTD Patient Days: adjustment plus 38 (+38)(being plus 7 for July plus 31 for August).

### PRS/2 Worksheet 3

- Account Class is TA, which is in EOM group Compensable – Acute.
- Month Separations: no adjustment needed.
- Month Patient Days: adjustment plus 31 (+31)(as above) in Compensable – Acute row and total.
- YTD Separations: no adjustment needed.
- YTD Patient Days: adjustment plus 38 (+38)(as above) in Compensable – Acute row and total.

## Page 7, unique Key 002495

*E2 was rejected in this transmission because it contains the same Patient Identifier as another Episode Record whose dates overlap so it is either not the same person or one or more of the dates are wrong. (In either case, the patient(s) records should be checked to verify the actual circumstances.)*

*Investigation shows the Patient Identifier in this E2 is incorrect. Correct the Patient Identifier and re-transmit this E2. Tighten the in-house edit.*

E2 denoted by PRS/2 as NEW, so there is nothing being held on PRS/2 for this Unique Key.

- Admission Date and Separation Date both in current month:
  - MTD and YTD Admissions and Separations: adjustment plus 1 (+1) each.
- No record on PRS/2 and patient no longer in hospital:
  - Remaining In: no adjustment needed.
- Patient accrued 4 Patient Days in current month and current financial year (11/08/2002, 12/08/2002, 13/08/2002, 14/08/2002, but no Patient Day for date of separation, 15/08/2002):
  - MTD Patient Days: adjustment plus 4 (+4).
  - YTD Patient Days: adjustment plus 4 (+4).

### **PRS/2 Worksheet 3**

- Account Class is MP, which is in EOM group Public - Acute:
- Month Separations: adjustment plus 1 (+1)(as above) in Public - Acute row and total.
- Month Patient Days: adjustment plus 4 (+4)(as above) in Public - Acute row and total.
- YTD Separations: adjustment plus 1 (+1)(as above) in Public - Acute row and total.
- TYD Patient Days: adjustment plus 4 (+4)(as above) in Public - Acute row and total.

## Page 8, Unique Key 002604

*E2 was rejected in this transmission because of invalid Sex code.*

*Correct the Sex code and re-transmit the E2. Tighten the in-house edit.*

E2 denoted by PRS/2 as NEW, so there is nothing being held on PRS/2 for this Unique Key.

- Admission Date in *current* month but Separation Date shown as 00/00/0000 indicating patient was not separated (or was on leave, which is indistinguishable to PRS/2) at the cut off date for this transmission (31/08/2002):
  - MTD and YTD Admissions: adjustment plus 1 (+1).
  - MTD and YTD Separations: no adjustment needed for either.
- Patient is not yet separated; but PRS/2 has no record of this episode, so has no count of this patient remaining in:
  - Remaining In: adjustment plus 1 (+1).
- Patient was admitted in *current* month and has the same Patient Days for both current month and current financial year:
  - MTD Patient Days: adjustment plus 8 (+8).
  - YTD Patient Days: adjustment plus 8 (+8).

### PRS/2 Worksheet 3

- Account Class is MP, which is in EOM group Public – Acute.
- Month Separations: no adjustment needed as not yet separated, and none recorded on PRS/2.
- Month Patient Days: adjustment plus 8 (+8)(as above) in Public - Acute row and total.
- YTD Separations: no adjustment needed.
- YTD Patient Days: adjustment plus 8 (+8)(as above) in Public - Acute row and total.

## Page 9, Unique Key 001652

*E2 was accepted in earlier transmission but update E2 in this transmission (adding Separation details) was rejected because of invalid Transfer Destination code.*

*Hospital's in-house Hospital Code File accepted invalid code therefore that File needs to be corrected.*

*Correct the Transfer Destination code and re-transmit the E2.*

E2 denoted by PRS/2 as UPDate, so previous E2 for this Unique Key already on PRS/2.

- Admission Date in *previous* financial year:
  - MTD and YTD Admissions: no adjustment needed, but tick (✓) entry in Admission Date column to indicate already accepted by PRS/2.
- Separation Date in *current* financial year but *not* current month:
  - MTD Separations: no adjustment needed.
  - YTD Separations: adjustment plus 1 (+1).
- Patient separated before 31/08/2002 but PRS/2 is not aware of this because separation details were not accepted (Separation Date on PRS/2 is therefore 00/00/00):
  - Remaining In: adjustment minus 1 (-1).
- Patient accrued no Patient Days in current month but 1 Patient Day in YTD (01/07/2002; do not count Patient Days for date of separation); however, because Separation Date on PRS/2 is 00/00/0000, MTD and YTD Patient Days held on PRS/2 are 2 (those for 29/06/2002 and 30/06/2002):
  - MTD Patient Days: adjustment minus 2 (-2).
  - YTD Patient Days: adjustment minus 2 plus 1 (-2+1).

### **PRS/2 Worksheet 3**

- Account Class is PA, which is in EOM group Private – Acute.
- Month Separations: no adjustment needed.
- Month Patient Days: adjustment minus 2 (-2)(as above) in Private – Acute row and total.
- YTD Separations: adjustment +1 (+1)(as above) in Private – Acute row and total.
- YTD Patient Days: adjustment minus 2, plus 1 (-2+1)(as above) in Private – Acute row and total.

## Page 10, Unique Key 001011

*E2 was accepted in earlier transmission but update E2 in this transmission (adding separation details) was rejected because there is a Transfer Destination (indicating the patient was transferred) but the Separation Type is not a transfer code.*

*Investigation shows the patient was transferred.*

*Correct the Separation Type code and re-transmit the E2. Tighten the in-house edits.*

E2 denoted by PRS/2 as UPDate, so previous E2 for this Unique Key already on PRS/2.

- Admission Date is in June, so there should have been a transaction for this Unique Key processed in the June transmission. Because the patient was remaining in at the end of July, there should also have been a transaction in the July transmission, updating the Patient Days (MTD, YTD and Total) to reflect the Patient Days accrued in July. This July update of the PRS/2 file should be the latest information on PRS/2 (check July and June reports to confirm this). [The following actions assume this to be the case.]
  - MTD and YTD Admissions: no adjustment needed, but tick (✓) entry in Admission Date column to indicate already accepted by PRS/2.
- Separation Date in *current* financial year and *current* month:
  - MTD Separations: adjustment plus 1 (+1).
  - YTD Separations: adjustment plus 1 (+1).
- Patient was separated before 31/08/2002 but counted by PRS/2 as Remaining In, as PRS/2 not accepted Separation details, so Separation Date on PRS/2 still 00/00/0000:
  - Remaining In: adjustment minus 1 (-1).
- No [Normal] Leave Days are reported in this month's (August's) E2 update, so we would expect the July update to have advised Patient Days as follows (remember this is for July): MTD 31; YTD 31; TOT 59. So, that is what PRS/2 holds and therefore counted for MTD and YTD Patient Days for August. We need to adjust these to correct for this over-count in MTD, and under-count in YTD, by deducting both erroneous figures, and adding the respective correct figures:
  - MTD Patient Days: adjustment minus 31 plus 5 (-31+5).
  - YTD Patient Days: adjustment minus 31 plus 36 (-31+36).

### PRS/2 Worksheet 3

- Account Class is VX, which is in EOM group Private – Acute.
- Month Separations: adjustment plus 1 (+1)(as above) in Private – Acute row and total.
- Month Patient Days: adjustment minus 31 plus 5(-31+5)(as above) in Private – Acute row and total.
- YTD Separations: adjustment plus 1 (+1)(as above) in Private – Acute row and total.
- YTD Patient Days: adjustment minus 31 plus 36 (-31+36)(as above) in Private – Acute row and total.

## Page 11, Unique Key 001880

*E2 was accepted in earlier transmission with incorrect Separation Date (as in 08/07/02; should have been 18/07/02).*

*Update E2 in this transmission (trying to correct Separation Date) was rejected because the Separation Date was misspelled as 28/07/02 causing dates to overlap with a later E2 for this Patient Identifier.*

*Correct the Separation Date and re-transmit the E2 again. [Also be aware how your software would have counted Patient Days in a case such as this and adjust your calculations accordingly.]*

E2 denoted by PRS/2 as UPDate, so previous E2 for this Unique Key already on PRS/2.

- Admission Date in July was accepted:
  - MTD and YTD Admissions: no adjustment needed, but tick (✓) entry in Admission Date column to indicate already accepted by PRS/2.
- Admission and Separation Dates in July were both accepted; no [Normal] Leave Days; so in July transmission, this Unique Key would have shown Patient Days as MTD 2, YTD 2, TOTAl 2 (06/07/1999 and 07/07/1999) whereas it should have shown MTD 12, YTD 12, TOTAl 12. We need to adjust for this undercount in Patient Days:
  - MTD Patient Days: no adjustment needed.
  - YTD Patient Days: adjustment minus 2 plus 12 (-1+12).
- Separation Date in *current* financial year but *not* current month. A Separation Date has been accepted, although it is wrong:
  - MTD and YTD Separations: no adjustment needed, but tick (✓) entry in Admission Date column to indicate already accepted by PRS/2.
- Patient separated before 31/08/02:
  - Remaining In: no adjustment needed.

### PRS/2 Worksheet 3

- Account Class is XX, which is in EOM group Ineligible – Acute.
- Month Separations: no adjustment needed.
- Month Patient Days: no adjustment needed.
- YTD Separations: no adjustment needed.
- YTD Patient Days: adjustment minus 2 plus 12 (-2+12)(as above) in Ineligible – Acute row and total.

## Page 12, Unique Key 001795

*E2 was accepted in earlier transmission but update E2 in this transmission (adding separation details) was rejected because Separation Type indicates patient was transferred but there was no Transfer Destination code.*

*Add the Transfer Destination code and re-transmit the E2. Tighten the in-house edits.*

E2 denoted by PRS/2 as UPDate, so previous E2 for this Unique Key already on PRS/2.

- Because the E2 Update in this August transmission, with Separation Date 01/08/02, has been rejected, the data held for this Unique Key remains an E2 with Admission Date in *previous* month (08/07/02) and Separation Date 00/00/0000 (patient *not* separated at cut-off date for July data transmission).
  - MTD and YTD Admissions: no adjustment needed.
- Separation Date in *current* month but *not* accepted:
  - MTD and YTD Separations: adjustment plus 1 (+1) each.
- This Unique Key remains in PRS/2 with Separation Date 00/00/0000 so PRS/2 has counted the patient as Remaining In. However, patient was actually separated on 01/08/02 so was not really remaining in at cut off date for this transmission (31/08/02):
  - Remaining In: adjustment minus 1 (-1).
- PRS/2 also retains Patient Days as in July transmission (MTD 24; YTD 24; TOTAl 24) and has used them when compiling August totals. Therefore appropriate adjustment needed to discount the July figures and account for the correct August figures. Calculations for this case are complicated by the fact that the patient was separated on 01/08/02, so *no* Patient Days were incurred in the current month (date of separation is not a Patient Day).
  - To adjust MTD Patient Days, subtract Patient Days reported in last transmission and add those that were rejected this transmission.
  - MTD Patient Day: adjustment minus 24 plus 0 (-24+0)
  - To adjust YTD Patient Days, subtract the July Patient Days and *add* the August Patient Days that were rejected this transmission.
  - YTD Patient Day: adjustment minus 24 plus 24.

### PRS/2 Worksheet 3

- Account Class is MP, which is in EOM group Public – Acute.
- Month Separations: adjustment plus 1 (+1) in Public – Acute row and total.
- Month Patient Days: adjustment minus 24 plus 0 (-24+0) in Public – Acute row and total.
- YTD Separations: adjustment plus 1 (+1) in Public – Acute row and total.
- YTD Patient Days: adjustment minus 24 plus 24 (-24+24) in Public – Acute row and total.

## Page 13, Unique Key 001970

*E2 was rejected in this transmission because it contains the same Patient Identifier and Admission Date as another Episode Record but a different Unique Key. It is the same patient and episode of care and the earlier E2 had the correct Unique Key.*

*No August E2 UPDate was sent for the correct Unique Key. This (rejected) E2 is therefore a **duplicate**. Ensure there is only one Unique Key for this E2 (and that it is the earlier one) and re-transmit updated E2 for this episode. Software supplier must revise system so this problem does not recur.*

E2 denoted by PRS/2 as UPDate, so the (incorrect) Unique Key used in this E2 actually belongs to a different patient.

It looks as though this was, as in the Page 12 example, an E2 with Admission Date in *previous* month (23/07/02) with a 00/00/0000 Separation Date (that is, patient remaining in, or on leave, as at the cut off for the July transmission (31/07/02)). The record that has rejected in this August transmission *also* has a 00/00/0000 Separation Date, so the patient must *still* be remaining in as at 31/08/02 and this E2 was attempting to add the August Patient Day figures.

- Admission Date is in PRS/2 already (although on another Unique Key) and is not in current month (August):
  - MTD and YTD Admissions: no adjustment needed to either.
- Patient is not yet separated and has not been counted as separated:
  - MTD and YTD Separations: no adjustment needed to either.
- July transmission accepted the earlier E2 showing the patient as remaining in and, as at the 31/08/02 cut off for the August transmission, the patient was still remaining in:
  - Remaining In: no adjustment needed.
- MTD Patient Days must be adjusted by deducting those that refer to July (minus 9) and adding those that refer to August (plus 31):
  - MTD Patient Days: adjustment minus 9 plus 31 (-9+31).
  - YTD Patient Days must be adjusted by adding Patient Days accrued in August to the current financial year Patient Days held on PRS/2 from the July data: achieved by deducting YTD Patient Days held on PRS/2 (9) and adding YTD Patient Days in this record: (+40 – being 9 for July and 31 for August).
  - YTD Patient Days: adjustment plus 31.

### **PRS/2 Worksheet 3**

- Account Class is MP, which is in EOM group Public – Acute.
- Month Separations: no adjustment needed.
- Month Patient Days: adjustment minus 9 plus 31 (-9+31)(as above) in Public – Acute row and total.
- YTD Separations: no adjustment needed.
- YTD Patient Days: adjustment minus 9 plus 40 (-9+40)(as above) in Public – Acute row and total.

## Page 14, Unique Key 002300

*E2 was rejected in this transmission because of invalid Accommodation Type code. Correct the Accommodation Type code and re-transmit the E2.*

*Tighten the in-house edits.*

E2 denoted by PRS/2 as NEW so nothing on PRS/2 for this Unique Key.

- Admission Date and Separation Date both in *current* month:
  - MTD and YTD Admissions and Separations: adjustment plus 1 (+1) each.
- No record on PRS/2 and patient not in hospital at end of cut-off date for August transmission (31/08/2002):
  - Remaining In: no adjustment needed.
- Patient accrued 26 Patient Days in current month and current financial year but these days were split between Account Classes (HPN 20 days and HP5 6 days) that fall into different EOM groups, Public NHT - *Without* NH5 and Public NHT - *With* NH5 respectively (patient was 'With HP5' when separated, so this is where separation will be reported for EOM report and *User Reconciliation Report Page 2*).
  - MTD and YTD *Without* NH5 Separations: no adjustment needed (count separation in group applicable at date of separation; refer to Separation Account Class to verify this).
  - MTD and YTD *With* NH5 Separations: adjustment plus 1 (+1).
  - MTD and YTD *Without* NH5 Patient Days: adjustment plus 20 (+20).
  - MTD and YTD *With* NH5 Patient Days: adjustment plus 6 (+6).

### PRS/2 Worksheet 3

- Account Classes are
  - Public NHT - *Without* NH5
  - Public NHT - *With* NH5
- Month *With* NH5 Separations: adjustment plus 1 (+1).
- Month *Without* NH5 Patient Days: adjustment plus 20 (+20).
- Month *With* NH5 Patient Days: adjustment plus 6 (+6).
- YTD *With* NH5 Separations: adjustment plus 1 (+1).
- YTD *Without* NH5 Separations: no adjustment needed.
- YTD *Without* NH5 Patient Days: adjustment plus 20 (+20).
- YTD *With* NH5 Patient Days: adjustment plus 6 (+6).

## Page 15, Unique Key 001806

*X2 was rejected in this transmission because Sex in E2 was incompatible with diagnosis/procedure codes. The Sex code in the E2 is incorrect.*

*Correct the Sex code in the E2, re-transmit the E2 and this X2.*

*If software supplier were to use the Victorian ICD-10-AM Library File, you would not have such rejections (unless the in-house software does not look up patient's sex when entering diagnosis and procedure data).*

E2 not sent in this transmission.

- Admission and Separation Dates have been previously accepted hence tick (✓) entry in Admission Date and Separation Date column; the Comments column tells you this case is listed on the PRS/2 Worksheet 1 to remind you to correct the patient's sex in the hospital's in-house system and ensure the E2 and its X2 are re-transmitted to PRS/2:
- So no adjustment required for current month and current financial year Admissions, Separations, Statistical Separations, Remaining In, and Patient Days (and therefore no adjustment needed in EOM group).

**[Sample] PRS/2 Worksheet 2**

**Period: 01/08/02 to 31/08/02**

Pg	NEW/ UPD	Unique Key	UR Number	Separation Date	Date of birth	DVA / TAC Claim Number	ICD-10-AM Diagnosis or Procedure Code	Rec	Comments and Action
16	N	045678	00453729	10/07/02				S2	R405 (Care Type right) Clinical Program shd be 020. Re-trans 09/02.
17	N	045679	00454624	12/07/02				S2	R251 Adm Barthel wrong. Shd be 035. Re-trans 09/02.
18	N	045699	00453689	19/07/02		9812345		V2	R445 (Date Accident right) Claim No. wrong. Re-trans 09/02
19	N	045700	00353429	22/07/02		N123456		V2	R180 DVA No. missing. Re-trans 09/02.
20	N	045719	00463610	28/07/02				X2	R319 ICU Hours missing. Shd be 46. Re-trans 09/02.
21	N	045709	00402020	30/07/02			X252, Y9288, U647	X2	R361 Ext Cause missing (also Activity and Place). Re-trans 09/02.
22	N	047011	00454660	30/07/02				X2	R411 Adm Wt shd be 4000. Re-trans 09/02.
23	N	045705	00399561	30/07/02			B91	X2	W499 (Not Polio) Shd be Late Effect code. Re-trans 09/02.
24	N	047012	004001122	31/07/02	10/10/1940			E2	W353 (Dx code = right) DoB shd be 10/10/1940. Re-trans 09/02.

## Step 4: Reconcile *User Reconciliation Report Page 1*

**Method** Using your complete PRS/2 Worksheet 1, copy the nett adjustments to the User Reconciliation Report Page 1, against the appropriate *PRS/2 Calculated Total*. The figures in the *Trailer Rec Total* column are those provided to PRS/2 by the in-house system in the Trailer Record.

Compare the adjusted PRS/2 statistics with the *Trailer Rec Totals* (taking into account any errors you have found in the Trailer Record Statistics during Step 1), as described below:

<b>TRAILER RECORD = from Trailer Record</b>	<b>ACTION</b>
<b>ON LEAVE AT START OF MONTH</b>	<ul style="list-style-type: none"><li>• Not provided by hospital.</li></ul>
<b>IN AT START OF MONTH</b>	<ul style="list-style-type: none"><li>• Not provided by hospital.</li><li>• Calculated by PRS/2, after processing this transmission, as all E2s with Admission Date before start of month but Separation Date 00/00/0000 (therefore includes patients out on leave as start of month).</li></ul>
<b>ADMISSIONS (INCL. STATSITICAL)</b>	<ul style="list-style-type: none"><li>• Make nett adjustments to <i>PRS/2 Calculated Totals</i> from PRS/2 Worksheet 1.</li><li>• Compare adjusted <i>PRS/2 Calculated Totals</i> with the <i>Trailer Rec Totals</i>: these should now be equal. If not, you must find the remaining discrepancies: re-check the <i>Transmitted Transactions Report</i>; re-check the PRS/2 Worksheet 1; re-check the <i>Trailer Rec Totals</i>.</li></ul>
<b>SEPARATIONS (INCL. STATISTICAL)</b>	<ul style="list-style-type: none"><li>• Make nett adjustments to <i>PRS/2 Calculated Totals</i> from PRS/2 Worksheet 1.</li><li>• Compare adjusted <i>PRS/2 Calculated Totals</i> with the <i>Trailer Rec Totals</i>: these should now be equal. If not, you must find the remaining discrepancies: re-check the <i>Transmitted Transactions Report</i>; re-check the PRS/2 Worksheet 1; re-check the <i>Trailer Rec Totals</i>.</li></ul>
<b>ON LEAVE AT END OF MONTH</b>	<ul style="list-style-type: none"><li>• PRS/2 cannot calculate the number of patients on leave at any given date and therefore cannot provide a comparable count. Prints data supplied by hospital's Trailer Record.</li></ul>
<b>ACTUAL REMAINING IN AT END OF MONTH</b>	<ul style="list-style-type: none"><li>• Make nett adjustments to <i>PRS/2 Calculated Totals</i> from PRS/2 Worksheet 1.</li><li>• Compare adjusted <i>PRS/2 Calculated Totals</i> with the sum of 'On Leave at End of Month' plus 'Actual Remaining In at End of Month' with the <i>Trailer Rec Totals</i>: these should now be equal. If not, you must find the remaining discrepancies: re-check the <i>Transmitted Transactions Report</i>; re-check the PRS/2 Worksheet 1; re-check the <i>Trailer Rec Totals</i>.</li></ul>

**SAME DAY STAY PATIENTS**

- Calculated by PRS/2; not provided by hospitals.
- Make nett adjustments to *PRS/2 Calculated Totals* from PRS/2 Worksheet 1.
- Reconcile the *PRS/2 Calculated Totals* against in-house figures.

**CONTRACT LEAVE DAYS THIS MONTH**

- Calculated by PRS/2; not provided by hospitals.
- Make nett adjustments to *PRS/2 Calculated Totals* from PRS/2 Worksheet 1.
- Reconcile the *PRS/2 Calculated Totals* against in-house figures.

**LEAVE DAYS THIS MONTH**

- Calculated by PRS/2; not provided by hospitals.
- Make nett adjustments to *PRS/2 Calculated Totals* from PRS/2 Worksheet 1.
- Reconcile the *PRS/2 Calculated Totals* against in-house figures.

**PAT DAYS THIS MONTH (EXCL. LEAVE)**

- Make nett adjustments to *PRS/2 Calculated Totals* from PRS/2 Worksheet 1.
- Compare adjusted *PRS/2 Calculated Totals* with the *Trailer Rec Totals*: these should now be equal. If not, you must find the remaining discrepancies: re-check the *Transmitted Transactions Report*; re-check the PRS/2 Worksheet 1; re-check the *Trailer Rec Totals*.

**STATISTICAL SEPARATIONS THIS MONTH**

- Make nett adjustments to *PRS/2 Calculated Totals* from PRS/2 Worksheet 1.
- Compare adjusted *PRS/2 Calculated Totals* with the *Trailer Rec Totals*: these should now be equal. If not, you must find the remaining discrepancies: re-check the *Transmitted Transactions Report*; re-check the PRS/2 Worksheet 1; re-check the *Trailer Rec Totals*.

Both Month-To-Date and Financial Year-To-Date figures need to be reconciled. Remember MTD is included in the YTD figures, so adjustments also need to be made in the YTD section for all records for which adjustments were made in MTD section.

The actual adjustments may differ, however, so think each one through carefully.

The relationship of the first six lines of this report is as follows:

ON LEAVE AT START OF MONTH  
Plus  
IN AT START OF MONTH  
Plus  
ADMISSIONS (INCL STATISTICAL)  
Minus  
SEPARATIONS (INCL. STATISTICAL)  
Minus  
ON LEAVE AT END OF MONTH  
Equals  
ACTUAL REMAINING IN AT END OF MONTH

If this equation does not work for the *Trailer Rec Totals*, you should contact your software supplier urgently to have the necessary revisions made to your software.

### **July Control Report with different MTD and YTD Patient Days**

A July *Transmission Report* should show the same statistics for YTD as MTD. If the *PRS/2 Calculated Totals* for Patient Days figures are *different*, the likely explanation is an *Episode Record* with the following characteristics:

- The patient was admitted in May (or earlier) and
- There was a successful June update in PRS/2 (which would have *different* counts in MTD and YTD) and
- The July update has been rejected by PRS/2 (so PRS/2 is still counting the June MTD and YTD, which are different).

To identify the problem, review the July report for a rejected E2, identified as UPD and with a May (or earlier) Admission Date.

If this check reveals no culprits, review the Census Report in the July transmission report, and check as E2 Episode Record was transmitted for each patient with 00/00/000 Separation Date as at 31 July.

## Step 5: Summarise Adjustments

Your completed PRS/2 Worksheet 1 has enabled you to reconcile TRAILER REC TOTALS (provided to PRS/2 by the in-house system in the Trailer Record) with the PRS/2 CALCULATED TOTALS as set out in the *User Reconciliation Report Page 1*.

If your list of problem records is short and/or the range of Account Classes is narrow, your PRS/2 Worksheet 1 may also enable you to reconcile in-house figures with the PRS/2 figures set out in the *User Reconciliation Report Page 2*.

However, you may need to summarise the adjustments from PRS/2 Worksheet 1 using PRS/2 Worksheet 3. Use the appropriate PRS/2 Worksheet 3 for your sector: Public and Private sectors have different categories.

**Method** Using the completed PRS/2 Worksheet 1, transfer the Separations and Patient Day adjustments for both MTD and YTD to PRS/2 Worksheet 3, according to the EOM category for the Account Class of the relevant record.

Total the adjustments for each column of PRS/2 Worksheet 3.

To ensure all figures have been accurately transcribed from PRS/2 Worksheet 1 to PRS/2 Worksheet 3, check that the nett adjustments on PRS/2 Worksheet 3 are equal to the nett adjustments recorded on PRS/2 Worksheet 1:

- MTD and YTD Patient Day adjustments on the two worksheets should be equal.
- MTD and YTD Separations on the two worksheets should be equal.

You may also wish to record subtotals for each EOM group.

In step six, you will then copy the nett adjustments from your completed PRS/2 Worksheet 3 to the *User Reconciliation Report Page 2*, against the appropriate *PRS/2 Calculated Totals* for comparison.

The following will assist you in reconciliation:

- **Completed sample PRS/2 Worksheet 3**  
which shows the adjustments needed for each EOM group, as taken from the completed sample PRS/2 Worksheet 1.
- **Blank PRS/2 Worksheet 3: Private Hospitals and Day Procedure Centres**  
assuming this is the appropriate worksheet for your hospital type.
- **Blank PRS/2 Worksheet 3: Public Hospitals**  
assuming this is the appropriate worksheet for your hospital type.

## **Step 6: Reconcile User Reconciliation Report Page 2 [EOM Groups]**

If there are differences between the TRAILER REC TOTALS and the PRS/2 CALCULATED TOTALS on the *User Reconciliation Report Page 2*, and the number of records listed in the PRS/2 Worksheet 1 makes it difficult to allocate the differences to the correct lines of the EOM categories, you will need to prepare a PRS/2 Worksheet 3.

Because the EOM groups are not the same for private hospitals and for public hospitals, two versions of a blank PRS/2 Worksheet 3 are provided for copying (refer to the end of this section). A list of PRS/2 Account Classes in each EOM group at in Section 3 *Account Class*.

A sample completed PRS/2 Worksheet 3 (page 7-114) summarises the adjustments from the sample completed PRS/2 Worksheet 1 (page 7-96). Both relate to *public* hospitals but the examples can be used by private hospitals.

**Method** Using your completed *PRS/2 Worksheet 3*, copy the nett adjustments to the *User Reconciliation Report Page 2*, against the appropriate PRS/2 CALCULATED TOTALS (MTD Patient Days; MTD Separations; YTD Patient Days; YTD Separations) by EOM group. The figures in the TRAILER REC TOTALS column are those provided to PRS/2 by the in-house system in the Trailer Record. Compare the adjusted PRS/2 Calculated Totals with the TRAILER REC TOTALS (taking into account any errors you have found in the TRAILER REC TOTALS during Step 1).

Further adjustments may be necessary where a patient's Account Class has been corrected in the in-house record *after* that Episode Record was successfully transmitted to PRS/2 showing the wrong Account Class, and this alteration to the Account Class has not been transmitted to, or successfully processed by PRS/2. Overall totals should not be affected by such a change but, if the correction has put the Episode into a different EOM group, you would need to subtract these patient days from the wrong EOM group and add them to the correct EOM group and ensure the correction is submitted in the next transmission.

*Remember* that the MTD is included in the YTD, so adjustments will also need to be made in the YTD section for all those records for which adjustments were made in the MTD section. The actual adjustments may differ, however, so think through each one carefully.

In using PRS/2 Worksheet 3, it may be helpful to write the PRS/2 figure (taken from *User Reconciliation Report Page 2*) in the top right-hand corner of any cell of Worksheet 3 that differs from the correct figure (manual figure or from the Trailer Record). The correct figure could then be recorded in the bottom right-hand corner of that cell. You can then see the figure you are working from and the figure you are working towards, as in the sample below:

Trailer Record EOM Group	Month-To-Date		Year-To-Date	
	Patient Days	Separations	Patient Days	Separations
Private – Acute	264	173	501	471
	236	174	508	474

# *[Sample] PRS/2 Worksheet 3: Public Hospitals*

Trailer Record EOM Group	Month-To-Date				Year-To-Date			
	Patient Days		Separations		Patient Days		Separations	
<b>Public – Acute</b>	+6 (1604)	920	+1 (1604)	230	+32 (1604)	1847	+1 (1604)	471
	+4 (2495)		+1 (2495)		+4 (2495)		+1 (2495)	
	+8 (2604)				+8 (2604)			
	-24				-24			
	+0 (1795)		+1 (1795)		+24 (1795)		+1 (1795)	
	-9	936		233	-9	1922		474
	+31 (1970)				+40 (1970)			
<b>Private – Acute</b>		264		173	+3 (1577)	501	+1 (1467)	301
	-2 (1652)				-2		+1 (1652)	
	-31	236		174	+1 (1652)		+1 (1652)	
	+5 (1011)		+1 (1011)		-31	508	+1 (1011)	304
					+36 (1011)			
<b>Compensable – Acute</b>	+3 (2201)	30	+1 (2201)	10	+6 (1899)	63	+1 (1899)	22
	+31 (2163)				+4 (2201)		+1 (2201)	
		64		11	+ 38 (2163)			
						111		24
<b>Ineligible – Acute</b>					-2	20		
					+12 (1880)	30		
<b>Public NHT – NH5</b>	+6 (2300)	0	+1 (2300)	0	+6 (2300)	0	+1 (2300)	0
		6		1		6		1
<b>Public NHT – non NH5</b>	+20 (2300)	0			+20 (2300)	0		
		20				20		
<b>Private NHT –NH5</b>								
<b>Private NHT – non NH5</b>								
<b>Compensable – Non-Acute</b>								
<b>Ineligible – Non-Acute</b>								
<b>Public – Same Day</b>								
<b>Private – Same Day</b>								
<b>Compensable – Same Day</b>								
<b>Ineligible – Same-Day</b>								
<b>Nett Adjustments</b>		+48		+6		+166		+9

## Step 7: Correct in-house data as necessary

If you discover problems caused by errors in your in-house system, you must correct the cause. The following are examples of problems detected in PRS/2 that result from faults in the in-house system; corrective measures are also suggested.

- Incorrect data in the in-house system

*For example, the date of birth has caused the X2 to reject because the calculated age at admission is incompatible with one of the diagnosis codes. You have checked the record and found the diagnosis code is correct and the date of birth is incorrect.*

- Correct the date of birth in the in-house system
- The in-house system should flag that E2 record so it is included in the next PRS/2 transmission.
- Re-transmit the X2 as well.
- Ensure the in-house system uses the ICD-10-AM Library File to check diagnosis and procedure codes: this would have identified the problem *before* transmission to PRS/2.

- Failure of in-house edits

*For example, the in-house system has not rejected a meaningless code in the Sex field.*

- Correct the sex in the in-house system. The in-house system should flag that E2 record so it is included in the next PRS/2 transmission.
- Ensure the in-house edits are tightened.

- Failure to use Reference Tables or Library Files

*For example, the in-house system is not using (or is not using properly) Reference Tables or Library Files for fields with large numbers of codes (for example, Country of Birth, Postcode, ICD-10-AM).*

- Correct the record in-house. The in-house system should flag that E2 and/or X2 record so it is included in the next PRS/2 transmission.
- Ensure data are verified appropriately against Reference Tables or Library Files, ideally at the time of data entry, but certainly before the data are transmitted to PRS/2.

- An error in the interface mapping

*For example, the in-house system uses its own codes to record the patient's account class then maps those codes across to PRS/2 Account Class codes when compiling the PRS/2 transmission but there is a fault in this mapping process causing episodes to be allocated to the wrong PRS/2 Account Class and counted against the wrong EOM group as a result.*

- Correct the in-house mapping. The in-house system should have a method of flagging all records that need to be re-transmitted to PRS/2 in the next transmission.

## **Step 8: Re-transmit records to PRS/2 as necessary**

Corrections resulting from reconciliation of the Control and Reconciliation Report should be sent with the hospital's *next* transmission to PRS/2.

The in-house system must have a way of flagging records that have been corrected in-house so they are included in the next transmission to PRS/2.

A method is also needed to flag records that may *not* have needed correction in-house but that need to be re-transmitted to PRS/2 because the interface has not transmitted them appropriately (for instance, when the Account Class has not been mapped to the correct EOM group, see paragraph on error in the interface mapping, page 7-122).

Do *not* re-transmit the whole month's data if only *some* records need to be corrected.

No transmission to PRS/2 should be prepared until the previous Control and Reconciliation Report has been reconciled and all necessary corrections made.

Delays in correcting reports or in submitting corrections to PRS/2 will cause mounting problems as PRS/2 data differs more and more from the real picture.

It is not possible to forget the previous report and start afresh this month: unresolved problems do not go away or fix themselves. Instead, they compound and are increasingly hard to correct.

If a record has been rejected, or has a warning message against it, *check* the cause of the message and, if necessary, *amend* and re-transmit the record. Do not simply submit the record in the same form: PRS/2 will not accept it if it is still wrong.

Do not think you can start afresh on 1 July each year when the previous YTD figures are no longer shown.

Problems from the previous financial year will be reflected in the count of patients remaining in as at 30 June. If this count is incorrect, data for the new financial year cannot possibly be correct.

You can order a Census Report for a nominated date (refer Section 6 *Request Reports*) that will list the episodes in PRS/2 at that date with Separation Date 00/00/0000. From this, you can check the accuracy of PRS/2-held data and correct as required: identify episodes that are missing (patients who were really in hospital at that date) and episodes that should have been separated before that date.

# ***Initial and Ongoing Data Quality Measures***

Audits of the hospital's information system should be conducted to assess the accuracy of the data items in PRS/2 transactions. As only hospital staff have the ability to perform such audits, it is their responsibility.

One method of auditing is to review the *full* content of *all* records. Although it may not be possible to do this for every Control and Reconciliation Report, you must do it until you are confident your in-house system is transmitting complete and accurate data to PRS/2.

Other times you should conduct such a comprehensive review are:

- When programming changes are made to the in-house system.
- When PRS/2 requirements have been changed.
- When there has been a change in data entry staff.

Less extensive audits should be performed on *every* transmission report: spot-checks of a dozen or more records may highlight problems not triggering edit messages but which may mean your hospital's data are misleading.

You should also periodically check the accuracy of Reference Tables set up in your in-house system at the time you started transmissions to PRS/2 or later.

If you find mistakes that might have been detected by better editing in PRS/2, please inform the Department of your suggestions via the HDSS HelpDesk.

To review the content of records, select a field and scan down the column of data for a few pages, checking for variation, sense, logic and accuracy. A suggested list of examples to look for in each field is provided below. Consult Section 3 *Data Definitions* for details of the range of codes applicable to each field.

External sources of help:

- Your visiting health information manager / coder (if applicable)
- Your software supplier
- HDSS Help Desk
- Allegiance Systems Help Desk personnel

## Content of Episode Records (E2): What to Look for

These suggestions are *in addition* to those data (combinations) that trigger Rejection or Warning edits.

<b>Field Name Field Identifier</b>	<b>General Attributes</b>	<b>What to look for (Add your own examples)</b>
<b><i>DRG MDC-RC</i></b>	Appropriate DRGs	Appropriate range for hospital's services (for example, no obstetric DRGs if hospital does not offer this service). No DRG 963Z <i>Neonatal Diagnosis Inconsistent W/Weight</i> . If DRG is absent, X2 has not yet been accepted.
<b><i>Unique Key (U/KEY)</i></b>	Appropriate range	Fitting your hospital's usual format: <ul style="list-style-type: none"> <li>• No alpha characters if your Identifiers are all numerics</li> <li>• Keys not longer/shorter than your hospital's format</li> </ul>
<b><i>Patient Identifier (UR NO)</i></b>	Appropriate range	Fitting your hospital's usual format: <ul style="list-style-type: none"> <li>• No alpha characters if your Identifiers are all numerics</li> <li>• Identifiers not longer/shorter than your hospital's format</li> </ul>
<b><i>Medicare Number (MEDIC NO)</i></b>	Appropriate range	Present for the majority of patients including private patients.
<b><i>Medicare Suffix (SUFFIX)</i></b>	nam, C-U, N-E, BAB or P-N	If reporting patients as N-E <i>Not Eligible</i> , check you also have ineligible Separations and Patient Days in User Reconciliation Report, Page 2.
<b><i>Intended Duration of Stay (INTD)</i></b>	1, 2	For a day procedure centre, all episodes should be 1 <i>Intended Same Day</i> .
<b><i>Sex (SEX)</i></b>	1, 2, 3	Except in certain types of day procedure centres, it is very rare that all patients would be either all 1 <i>Male</i> or all 2 <i>Female</i> .
<b><i>Marital Status (MAR)</i></b>	1, 2, 3, 4, 5, 6	Not all the same code and very few code 6 <i>Not Stated</i> .
<b><i>Mental Health Legal Status (MH)</i></b>	1, 2, 9	If hospital does not provide Care Type 5 <i>Approved Mental Health or Psychogeriatric program</i> , no 1 <i>Involuntary</i> or 2 <i>Involuntary</i> .

<b>Field Name Field Identifier</b>	<b>General Attributes</b>	<b>What to look for (Add your own examples)</b>
<b><i>Program Funding Source (PFS)</i></b>	1, 2, 3, 6, 7, 8, 9 or space	If public hospital, check appropriate for funding source.
<b><i>Date of Birth (DOB)</i></b>	Appropriate range	Appropriate range for hospital's patient population. Limited use of 00/00/CCYY, for estimated Date of Birth.
<b><i>Country of Birth (COB)</i></b>	Appropriate range	Appropriate range for cultural mix of patient population and catchment area.  Not all 11-- (meaning all patients Australian born)  Not all 1100 (meaning Australia-not further defined), use code for specific Australian State.  Not many 0000 or 0003 <i>Unknown</i> (warning edits).
<b><i>Funding Arrangement (FND)</i></b>	1, 2, 3, 4 or space	If hospital does not do any contracting, all spaces.
<b><i>Indigenous Status (IS)</i></b>	2, 5, 6, 7	Not all 2 <i>Not indigenous - Not Aboriginal or Torres Strait Islander origin</i> , if your catchment area includes an indigenous population.
<b><i>Postcode (P/C)</i></b>	Appropriate range	No 9988 <i>Unknown Postcode</i>  Very few 8888 <i>Overseas</i> .  Specify postcode of residence (use 1000 <i>No Fixed Abode</i> if necessary): do not use postcode of post office box or mail centre.
<b><i>Suburb / Town / Locality (SUB)</i></b>	Appropriate range	Appropriate range for the hospital's catchment area.
<b>Admission Data – detailed on the line headed A:</b>		
<b><i>Admission Date (DATE)</i></b>	Appropriate range	Consistent with admission patterns.
<b><i>Admission Time (TIME)</i></b>	Appropriate range	Reflect actual time of admission, not just on the hour or half-hour and not the time the patient was booked for admission.  Not all the same time (for example: 08:00).  Statistical admissions can be dummy times (but should be one minute later than the dummy Separation Time in the statistical separation).

<b>Field Name</b> <b>Field Identifier</b>	<b>General Attributes</b>	<b>What to look for</b> <b>(Add your own examples)</b>
<b>Admission Type</b> <b>(TYPE)</b>	S, Y, M, R, I, G, Q, W, X, O	If an Obstetric Account Class (Pg, PH), Admission Type must be M <i>Maternity</i> .  If hospital does not admit Obstetrics, no M <i>Maternity</i> .  If hospital does not admit newborns, no Y <i>Newborn</i> .
<b>Admission Source</b> <b>(SRC)</b>	1, 2, 3, 4, 5, 6, 7, 8, 9, 0, E, F  Y, C, L, T, N, A, Z	If hospital does not admit newborns, no Y <i>Newborn</i> .
<b>Transfer Source</b> <b>(T-SRC)</b>	Appropriate range	Codes representing the hospital's transfer patterns.
<b>Criterion for Admission</b> <b>(CR-A)</b>	B, C, N, U, O, S	Multi-day facilities, an appropriate balance of B or C <i>Same Day</i> and O <i>Overnight</i> .  Same Day facilities, mostly B <i>Band Same Day</i> .  Limited number of C <i>Type C Exclusions</i> .  If hospital does not admit newborns, no N or U <i>Newborn</i> .  If hospital does not have a NICU or SCN, few N <i>Qualified Newborn</i> .
<b>Level of Insurance</b> <b>(INSUR)</b>	1, 3, 6, 8, 9	Reflect insurance level of patients.  Not all 6 <i>No Insurance Level</i> and not many 9 <i>Unknown</i> .
<b>Separation Data</b>		
<b>Separation Date</b> <b>(DATE)</b>	Appropriate range	Consistent with separation patterns.
<b>Separation Time</b> <b>(TIME)</b>	Appropriate range	Reflect actual time of separation, not just on the hour or half-hour.  Not all the same time (for example: 16:00).  Statistical separations can be dummy times (but should be one minute earlier than the dummy Admission Time in the statistical re-admission).
<b>Separation Type</b> <b>(TYPE)</b>	1, 2, 3, 4, 5, 6, 7, 8, 9, E, F  D, Z, T, N, A, H, K	Unless hospital has elderly clientele, expect not many N <i>Separation to aged care residential facility</i> or D <i>Dead</i> .

<b>Field Name</b> <b>Field Identifier</b>	<b>General Attributes</b>	<b>What to look for</b> <b>(Add your own examples)</b>
<b><i>Account Class on Separation</i></b> <b><i>(STAT)</i></b>	Appropriate range	Consistent with Admission Type. Usually some Compensable (W-, T-, A-, S-, C-, O-) and DVA (V-) episodes; if none, confirm this is true for hospital. Unlikely to have any J- <i>Prisoner</i> . Private hospitals: check any MP, ME, MN and M5 episodes (unless special contract arrangements have been made).
<b><i>Transfer Destination</i></b> <b><i>(TDEST)</i></b>	Appropriate range	Codes representing the hospital's transfer patterns out to other hospitals.
<b><i>Accommodation Type on Separation</i></b> <b><i>(ACC)</i></b>	1, 2, 3, 4, 6, B, C, M, S	Majority of day procedure centres should use 3 <i>Same Day Accommodation</i> only. Hospital designated for Hospital in the Home may report 4 <i>HITH</i> . If hospital has only single rooms, no 1 <i>Shared Room</i> .
<b><i>Separation Referral</i></b> <b><i>(REF)</i></b>	F, P, M, B, U, C, S, D, G, R, X or spaces	Consistent with referral patterns.
<b><i>Care Type</i></b> <b><i>(CR)</i></b>	1, 2, 3, 4, 5, 6, 7, 8, 9, 0, E, F, U	If hospital does not admit newborns, no U <i>Unqualified Newborn</i> . Only Royal Children's Hospital can use 3 <i>Family Choice</i> .
<b><i>Site Identifier</i></b> <b><i>(S)</i></b>		
<b><i>Carer Availability</i></b> <b><i>(CA)</i></b>	1, 2, 3, 4, 5, 6, 7, 8 or space	Consistent with usual distribution of codes.
<b><i>Health Insurance Fund</i></b> <b><i>(FUND)</i></b>	Appropriate range	Should not have many 888 Miscellaneous: record and code patient's Health Fund.
<b>Status Segments – Up to Seven Segments per episode</b>		
<b>Status Segments</b>	Appropriate number	Check total Patient Days + [Normal] Leave Days reported = elapsed days in the period: If fewer than elapsed days, not all Patient Days and/or [Normal] Leave Days are being reported If more than elapsed days, some days are being counted twice: refer problem to software supplier urgently.

<b>Field Name Field Identifier</b>	<b>General Attributes</b>	<b>What to look for (Add your own examples)</b>
<b><i>Account Class (A/C)</i></b>	Appropriate range	<p>Consistent with Admission Type (for example, Account Class PG or PH <i>Obstetric</i> with Admission Type M <i>Maternity</i>).</p> <p>Usually some Compensable (W-, T-, A-, S-, C-, O-) and DVA (V-) episodes: if none, check this is true for the hospital.</p> <p>Unlikely to have any J- <i>Prisoner</i>.</p> <p>Private hospitals: check any MP, ME, MN, M5 Public Acute and Public NHT episodes (unless special contract arrangements have been agreed).</p>
<b><i>Accommodation Type (ACC)</i></b>	1, 2, 3, 4, 6, B, C, M, S	<p>Majority of day procedure centres should report 3 <i>Same Day Accommodation</i> only.</p> <p>Hospital designated for Hospital in the Home may report 4 <i>HITH</i>.</p> <p>If hospital has only single rooms, no 1 <i>Shared Room</i>.</p>
<b><i>Qualification Status (QUAL)</i></b>	N, U, X	If do not treat newborns, no N or U <i>Newborns</i> .
<b><i>Patient Days</i></b>		
<b><i>MTD</i></b>	Accurate calculation	Sum of MTD Patient Days in all Status Segments must = elapsed days in the month-to-date minus MTD [Normal] Leave Days.
<b><i>YTD</i></b>	Accurate calculation	Sum of YTD Patient Days in all Status Segments must = elapsed days in the financial year-to-date minus YTD [Normal] Leave Days. YTD count re-starts each 1.7.YY.
<b><i>TOT</i></b>	Accurate calculation	<p>Sum of TOT Patient Days in all Status Segments must = elapsed days between Admission Date and Separation Date (or cut off date if remaining-in) minus TOT [Normal] Leave Days.</p> <p>TOT count does not re-start at 1.7.YY.</p>
<b><i>[Normal] Leave Days (LEAVE)</i></b>		<p>See also Patient Days above.</p> <p>If hospital sends patients on [normal] leave, report days out of hospital on [normal] leave as [Normal] Leave Days, do not include in Patient Days.</p> <p>[Normal] Leave Days + Patient Days for period must equal elapsed days in that period.</p>
<b><i>MTD</i></b>	Accurate calculation	

<b>Field Name Field Identifier</b>	<b>General Attributes</b>	<b>What to look for (Add your own examples)</b>
<b><i>YTD</i></b>	Accurate calculation	
<b><i>TOT</i></b>	Accurate calculation	
<b><i>Contract Leave Days (CONLV)</i></b>		If hospital sends patients for treatment elsewhere under contract, report days out of hospital on contract leave as Contract Leave but also include in Patient Days.
<b><i>MTD</i></b>	Accurate calculation	
<b><i>YTD</i></b>	Accurate calculation	
<b><i>TOT</i></b>	Accurate calculation	
<b><i>Contract Type (CONT T)</i></b>	1, 2, 3, 4, 5, 6	Consistent with any hospital contract arrangements.
<b><i>Contract Role (CONT R)</i></b>	A, B	Consistent with any hospital contract arrangements.
<b><i>Contract/Spoke Identifier (CONT ID)</i></b>	Appropriate Hospital Code	Consistent with any hospital contract arrangements.

## Content of Sub-Acute Records (S2): What to Look for

Private Hospitals must *not* send S2 Records.

<b>Field Name</b> <b>Field Identifier</b>	<b>General Attributes</b>	<b>What to look for</b> <b>(Add your own examples)</b>
<b><i>Barthel Index Score on Admission</i></b> <b><i>(ADM)</i></b>	Appropriate range	Range appropriate for hospital's patients.
<b><i>Barthel Index Score on Separation</i></b> <b><i>(SEP)</i></b>	Appropriate range	Range appropriate for hospital's patients.
<b><i>Clinical Sub-Program</i></b> <b><i>(CLINICAL SUB-PROG)</i></b>	Appropriate range	Range appropriate for hospital's services.
<b><i>Onset Date</i></b> <b><i>(ONSET)</i></b>	Appropriate range	
<b><i>Admission / Readmission to Rehabilitation</i></b> <b><i>(ADM/READM TO REHAB)</i></b>	0, 1	Unlikely to be all 0 <i>First Admission</i> or all 1 <i>Re-admission</i> .
<b><i>RUG ADL on Admission</i></b> <b><i>(RUG ADL ADM)</i></b>	Out of 18	Range appropriate for hospital's patients.
<b><i>RUG ADL on Separation</i></b> <b><i>(RUG ADL SEP)</i></b>	Out of 18	'00' is unlikely unless Separation Type is D <i>Died</i> .
<b><i>Source of Referral to Palliative Care</i></b> <b><i>(SRC REF)</i></b>	01, 02, 03, 04, 05, 06, 07, 08, 09	

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## Content of DVA/TAC Records (V2): What to Look for

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Private Hospitals must **not** send V2 Records.

<b>Field Name</b> <b>Field Identifier</b>	<b>General Attributes</b>	<b>What to look for</b> <b>(Add your own examples)</b>
<b><i>DVA Number</i></b>	Appropriate range	Expect most to start with V <i>Victoria</i> .
<b><i>TAC Claim Number</i></b>	Appropriate range	First two digits (Financial Year of claim) should be the first calendar year of the Date of Accident:  If Claim Number is 0112345 (ie, Financial Year 01/02), then Date of Accident should be between 1.7.2001 and 30.6.2002.
<b><i>Surname</i></b>	Accurate	Check for likely spelling errors.
<b><i>Given Names</i></b>	Accurate	Check for likely spelling errors.
<b><i>Date of Accident</i></b>	Appropriate range	Not all 01/01/1901 <i>Unknown</i> .
<b><i>Admission Date</i></b>	Appropriate range	
<b><i>Separation Date</i></b>	Appropriate range	

## Content of Diagnosis Records (X2 & Y2): What to Look for

<b>Field Name</b> <b>Field Identifier</b>	<b>General Attributes</b>	<b>What to look for</b> <b>(Add your own examples)</b>
<b><i>Effective Date</i></b>	Appropriate range	
<b><i>Diagnosis Codes</i></b>	Appropriate range	See page 7-135.
<b><i>Duration of Stay in ICU</i></b> <b>(ICU)</b>	0000 to 9999, or spaces	If no ICU, should be blank.
<b><i>Duration of Mechanical Ventilation</i></b> <b>(MECHV)</b>	0000 to 9999, or spaces	If no ICU, should be blank.
<b><i>Reason for Critical Care Transfer</i></b>		
<b><i>Hospital Generated DRG</i></b> <b>(HOSP)</b>	Appropriate range	(If reported) If different from Allegiance-generated DRG, check in-house grouper and, if necessary, contact HDSS.
<b><i>Sex</i></b> <b>(SEX)</b>	1, 2, 3	Taken from Episode (E2) Record.
<b><i>Admission Weight</i></b> <b>(WEIGHT)</b>	In grams or spaces	Assess as appropriate for each baby's age: unless a specialist hospital, should have few very light-for-age babies.
<b><i>Intention to Readmit</i></b> <b>(READMIT)</b>	0, 1, 2, 3, 4, 9	Day Procedure Centres: mostly 9 <i>No plan to re-admit within 28 days.</i>  Other hospitals: check that not all 9 <i>No plan to re-admit within 28 days</i> could give a high-unplanned re-admission rate.
<b><i>Procedure Codes</i></b>	Appropriate range	See page 7-135.
<b><i>Duration of Stay in Coronary / Cardiac Care Unit</i></b> <b>(CCU)</b>	0000 to 9999, or spaces	If no CCU, should be blank.

<b>Field Name</b> <b>Field Identifier</b>	<b>General Attributes</b>	<b>What to look for</b> <b>(Add your own examples)</b>
<i>Duration of Non-Invasive Ventilation (NIV)</i>	0000 to 9984, or spaces	If no ICU, SCN or NICU, should be blank.

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## Diagnosis and Procedure Codes: What to Look for

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The National Centre for Classification in Health's software product PICQ (Performance Indicators for Coding Quality) is available (without cost) from the DHS website for all Victorian hospitals. PICQ can be used to check ICD coding.

The following are examples of some obvious quality issues that might form the basis of internal quality checks of X2/Y2 records: (the majority of these are not covered in PICQ)

- Check that the range of DRGs and range of diagnosis/procedure codes is appropriate to your hospital's services and your patients' age range (age at admission).
- Check codes reported. A significant proportion of the following would suggest poor clinical documentation and/or poor/unskilled coding:
  - Symptom codes (codes starting R).
  - Conditions, External Causes of injury, Morphology, and procedures in the *not otherwise specified* codes.

These are undesirable as they inadequately represent the hospital's casemix and diminish the VAED's value as a morbidity database for the State and for all users.

- Check for a range of prefixes for diagnosis codes: P, A and C (plus M for morphology codes).
- Check for procedure code suffixes: procedures codes should have F or N *only* if hospital contracts out.
- Check the quality of ICD-10-AM codes is reasonable (that is, not always a single diagnosis code per patient if average age is advanced; not always O80, Z37.0 for obstetric patients).
- Make sure you have a Z37 code with every delivery episode; a Z39 with every postpartum care episode.
- Check same day or overnight dialysis episodes are coded Z49.1 *with* appropriate procedure code.
- Check Boarders are *not* reported in PRS/2 (Z76.3 or Z76.4); see *Boarders, Section 2 Concept and Derived Item Definitions* and 3 *Data Definitions*.
- Check that any termination of pregnancy episode has an appropriate diagnosis code (that is, from O04 *Medical abortion*). Check that procedure codes are appropriate (that is, D & C for termination of pregnancy, not D & C postpartum or for diagnostic purposes). Check that there is also a code from O09 *Duration of pregnancy*.





## ***PRS/2 Worksheet 3:***

### ***Private Hospitals and Day Procedure Centres***

Trailer Record EOM group	Month-to-date		Year- to-date	
	Patient Days	Separations	Patient Days	Separations
<b>Private – Acute</b>				
<b>Private – NHT</b>				
<b>Compensable – Acute and Non-Acute</b>				
<b>Ineligible – Acute &amp; Non-Acute</b>				
<b>Public – Under Contract</b>				
<b>Private – Same Day</b>				
<b>Compensable – Same Day</b>				
<b>Ineligible – Same Day</b>				
<b>Public – Under Contract – Same Day</b>				
<b>Nett adjustments</b>				

## ***PRS/2 Worksheet 3: Public Hospitals***

Trailer Record EOM group	Month-to-date		Year-to-date	
	Patient Days	Separations	Patient Days	Separations
<b>Public – Acute</b>				
<b>Private – Acute</b>				
<b>Compensable – Acute</b>				
<b>Ineligible – Acute</b>				
<b>Public NHT – NH5</b>				
<b>Public NHT – non NH5</b>				
<b>Private NHT – NH5</b>				
<b>Private NHT – non NH5</b>				
<b>Compensable – Non-Acute</b>				
<b>Ineligible – Non-Acute</b>				
<b>Public – Same Day</b>				
<b>Private – Same Day</b>				
<b>Compensable – Same Day</b>				
<b>Ineligible – Same Day</b>				
<b>Unqualified Newborns</b>				
<b>Nett adjustments</b>				