

**Specification for Revisions to  
PRS/2 and the  
Victorian Admitted Episodes  
Dataset (VAED)**

**for 1 July 2002**

**March 2002**

**Metropolitan Health and Aged Care Services Division  
Department of Human Services**

# Contents

Executive Summary of Changes .....	i
Introduction .....	ii
Abbreviations .....	iii
PRS/2 Revisions 1 July 2002 – <i>New Data Items</i> .....	4
Date of Accident .....	4
Duration of Continuous Positive Airway Pressure (CPAP) .....	6
TAC Claim Number .....	9
PRS/2 Revisions 1 July 2002 – <i>Amended Data Items</i> .....	11
Account Class (a) .....	11
Account Class on Separation (b) .....	11
Care Type .....	15
Contract/Spoke Identifier .....	18
Duration of Mechanical Ventilation in ICU .....	20
Patient Identifier .....	22
Program Funding Source .....	24
PRS/2 Revisions 1 July 2002 – <i>Reference File Updates</i> .....	25
Postcode File .....	25
Hospital Code Table .....	25
ICD Library File .....	25
Coding Classification and Grouper Versions .....	25
PRS/2 Revisions 1 July 2002 – <i>File Structures</i> .....	26
Diagnosis Record – Revised File Structure .....	26
DVA and TAC Record – Revised File Structure .....	28
Sub-Acute Record – Revised File Structure .....	30
Trailer Record File Structure note .....	31
Method for Reporting ‘Remaining Ins’ on 30 June 2002 .....	32
Test Transmissions of New 1 July 2002 Software .....	33

New and Amended Edits

Appendix A

# Executive Summary of Changes

The PRS/2 transmission specification for 2002–2003 comprises the *PRS/2 Manual, 11<sup>th</sup> Edition, 1 July 2000* and edit changes notified in HDSS Bulletins 23 and 25, with the following amendments (detailed in this document).

## **Introduction of three new data items**

- *Date of Accident*
- *Duration of Continuous Positive Airway Pressure*
- *Transport Accident Commission Claim Number*

## **Data Item Revisions**

- Additional *Account Class* codes for reporting Prisoners and transferred newborns who do not meet the criteria for admission.
- Additional *Care Type* codes for reporting patients admitted to the Interim Care program
- Amended *Contract/Spoke Identifiers* for St Vincent's Hospital Lithotripsy contracts
- Amended rounding instructions for reporting *Duration of Mechanical Ventilation in ICU*
- Amended justification of data within the *Patient Identifier* field
- An additional *Program Funding Source* code for reporting the Sub-Acute Output Group.

Files structures for data records have been amended accordingly and are provided in this document.

## **Updated Reference Files and Corresponding Data Items**

- Postcode file  
*Postcode*  
*Locality*
- Hospital Code Table  
*Hospital Code*  
*Site Identifier*  
*Transfer Source*  
*Transfer Destination*  
*Contract/Spoke Identifier*
- ICD Library File  
*Diagnosis and Procedure codes*

## **Edits**

A range of PRS/2 edits have been revised according to the changes listed above, as well as for other data quality and reporting purposes. These are presented in Appendix A of this document.

# Introduction

## ***The need for PRS/2 interface modifications***

From 1 July 2002, changes to the Victorian Admitted Episodes Dataset (VAED) are necessary to assist Victorian health program monitoring, planning and policy development by the Department of Human Services (DHS).

Comments from hospitals and software suppliers regarding the content of the document *Proposals for Revisions to PRS/2 and the VAED, December 2001* have been taken into account. Where possible, suggestions have been accommodated, and changes to the collection kept to a minimum.

## ***Distribution and components of this document***

This document has been distributed to all Victorian hospitals, to software suppliers known to have Victorian clients, to a range of industry bodies and DHS staff. It provides the following information:

- Details of each PRS/2 revision
- Reference files to be updated for 1 July 2002
- Method for reporting patients remaining in hospital at midnight on 30 June 2002
- Arrangements for test transmissions of new 1 July 2002 software
- New and amended edits

The *PRS/2 Manual, 12<sup>th</sup> Edition, July 2002* will be distributed at a later date. In the meantime, the *PRS/2 Manual, 11<sup>th</sup> Edition, July 2001* (as amended by HDSS Bulletins 23 and 25) together with this document form the admitted patient data transmission specification for 2002–2003.

Victorian hospitals are required to arrange for their software to be modified in accordance with the revised specifications.

The current PRS/2 Manual may be accessed on the Internet at <http://hdss.health.vic.gov.au/vaed/index.htm>.

Any questions related to this document may be directed to the HDSS Help Desk on 9616 8141.

## Abbreviations

ANZNN	Australia and New Zealand Neonatal Network
AR-DRG	Australian Refined Diagnosis Related Groups
CPAP	Continuous Positive Airway Pressure
DHS	Department of Human Services
DVA	Department of Veteran's Affairs
HDSS	Health Data Standards and Systems
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10 <sup>th</sup> Revision, Australian Modification
ICU	Intensive Care Unit
NCCH	National Centre for Classification in Health
NICU	Neonatal Intensive Care Unit
SCN	Special Care Nursery
PRS/2	Patient Reporting System, Version 2
TAC	Transport Accident Commission
VAED	Victorian Admitted Episodes Dataset

### ***Conventions used in this document***

A specification for each new and amended data item is provided in this document. Amendments to an existing data item are enclosed within a text box to highlight changes.

New and amended edits can be identified in the 'PRS/2 Revisions' section of this document by the asterisk printed beside the relevant edit number and descriptor. These edits are detailed in Appendix A of this document.

## PRS/2 Revisions 1 July 2002—*New Data Items*

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### Date of Accident

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<b>Revision Summary</b>	Include a new data item in the DVA and TAC (V2) record <i>Date of Accident</i> .
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### Specification

**Definition** The date of the transport accident causing the person to require hospitalisation.

**Datatype** Numeric **Form** Date

**Field size** 8 **Layout** DDMMCCYY

**Location** DVA and TAC Record

**Reported by** Public hospitals.

**Reported for** Episodes with an Account Class of TAC (T-).

**Reported when** The Episode Record is reported.

**Reporting guide** Report unknown Date of Accident as 01011901

**New edits required** \*### Invalid Date of Accident (blank, invalid format, future date)  
\*### Date of Accident Incompatible with TAC Claim Number

## **Administration**

*Purpose* To enable TAC payment of relevant episodes of care. *Date of Accident* is used in the matching process to link hospital admissions to TAC claims.

*Principal data users* Transport Accident Commission

*Collection start* 2002 – 2003

*Definition source* TAC

### **Revision background**

For 2002 – 2003 DHS will provide electronic data to TAC in a similar manner to DVA data. Payment for WIES funded episodes will be made to the DHS, which in turn will transfer funds to the hospitals. Provision of the *Date of Accident* enables TAC to identify eligible patients for prompt payment.

A DHS circular outlining revised arrangements for TAC funding will be circulated prior to 1 July 2002.

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## Duration of Continuous Positive Airway Pressure (CPAP)

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<b>Revision Summary</b>	Include a new data item in the Diagnosis record (X2) <i>Duration of Continuous Positive Airway Pressure (CPAP)</i> .
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### Specification

**Definition** Total number of hours of ventilatory assistance given via any route (including nasopharyngeal intubation) other than endotracheal intubation or tracheostomy, provided during this episode of care in a Neonatal Intensive Care Unit (NICU) or Special Care Nursery (SCN).

By far the most common is Continuous Positive Airway Pressure (CPAP). Duration of the following, less common, methods of ventilatory assistance should also be reported in this field:

- Bi-level Positive Airway Pressure (BiPAP)
- Intermittent Positive Pressure Breathing (IPPB), and/or
- Intermittent Mandatory Ventilation (IMV)

Note that all references to CPAP in this data item actually refer to all procedures in the above list, and not to CPAP exclusively.

<b>Datatype</b>	Numeric	<b>Form</b>	Quantitative value
<b>Field size</b>	4	<b>Layout</b>	NNNN or spaces. Right justified and zero-filled
<b>Location</b>	Diagnosis Record		
<b>Reported by</b>	<p>Reporting is <b>MANDATORY</b> for public hospitals providing CPAP to patients while admitted to an approved:</p> <ul style="list-style-type: none"> <li>• Level three nursery/Neonatal Intensive Care Unit (NICU) or</li> <li>• Level 2 nursery/Special Care Nursery (SCN).</li> </ul> <p>Reporting is <b>OPTIONAL</b> for private hospitals providing CPAP to patients while admitted to an approved level two nursery/SCN only. [Otherwise, report spaces.]</p>		

<i>Reported for</i>	Episodes of care for neonates treated in NICUs and SCNs where CPAP is provided in these settings. [Otherwise, report spaces.]
<i>Reported when</i>	A Separation Date is reported in the Episode Record.
<i>Code set</i>	A number in the range 0001 to 9999.

**Reporting guide**      **Respiratory support by endotracheal intubation and/or tracheostomy**

Respiratory support as listed above but performed by endotracheal intubation or tracheostomy should be reported in the *Duration of Mechanical Ventilation in ICU* field (if provided in an ICU). Duration of respiratory support by endotracheal intubation or tracheostomy provided in a setting other than an ICU is not reported in either field.

Procedure codes should be assigned according to Australian Coding Standard 1006 *Respiratory Support*.

**Counting duration of CPAP**

For periods of CPAP up to 96 hours, report the exact number of cumulative hours (summed and rounded off up or down according to convention, for example 1 hour and 29 minutes is rounded down to 1 hour, 1 hour and 30 minutes is rounded up to 2 hours).

For cumulative periods of greater than 96 hours, use the closest 24-hour period. For practical use, use the converter chart at the end of this data item definition.

- Where the CPAP starts in an operating theatre, for the purposes of the Duration of CPAP field, the *counting of the duration of CPAP commences when the patient enters the NICU or SCN*.
- Where CPAP starts in NICU or SCN, continues while the patient is in an operating theatre and on the patient's return to NICU or SCN, the *count of the duration should be suspended for the time the patient is out of the NICU/SCN*.

If the patient has more than one period of CPAP during this episode, the total duration of all such periods is reported.

**Intermittent CPAP**

If an infant is cycling on and off CPAP:

- If CPAP was given for four or more hours in the 24-hour period between midnight and midnight, report this as 24 hours.
- If CPAP is given for less than four hours in the 24-hour period between midnight and midnight, report the actual number of hours.



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## TAC Claim Number

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<b>Revision Summary</b>	Incorporate a new data item in to the DVA and TAC (V2) record <i>TAC Claim Number</i> . This data item will be reported in the (now) shared field <i>DVA ID/TAC Claim Number</i> .
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### Specification

**Definition** The persons Transport Accident Commission Claim Number relating to this hospital admission.

**Datatype** Alphanumeric      **Form** Code

**Field size** 9      **Layout** YYXXXXX

**Location** DVA and TAC Record  
(Shared field *DVA ID/TAC Claim Number*)

**Reported by** Public hospitals.

**Reported for** Episodes with an Account Class of TAC (T-).

**Reported when** The Episode Record is reported.

**Code set** Obtained from the TAC, allocated to those eligible for TAC benefits.  
C – U      *Claim number unavailable* should be reported when the persons TAC Claim Number is not known by the hospital.

**Reporting guide** *Characters 1-2:* Financial year of claim acceptance.  
*Characters 3-7:* Numeric characters allocated by TAC.  
*Character 8- 9:* Spaces

Examples of permitted formats: 9812345, 5412345

*New edits required*      \*### Date of Accident Incompatible with TAC Claim Number

*Edits requiring amendment*      \*180 DVA ID/TAC Claim Number Blank

   \*181 DVA ID/TAC Claim Number Incorrect

*(See Appendix A for details)*

*Related items*              Date of Accident, Account Class

## **Administration**

*Purpose*                      To facilitate payment by TAC for TAC patients.

*Principal data users*      Transport Accident Commission.

*Collection start*              2002 – 2003

*Definition source*          TAC                                      *Code set source*          TAC

### **Revision background**

For 2002 – 2003 DHS will provide electronic data to TAC in a similar manner to DVA data. Payment for WIES funded episodes will be made to the DHS, which in turn will transfer funds to the hospitals. Provision of the TAC Claim Number enables TAC to identify eligible patients for prompt payment.

A DHS Circular outlining revised arrangements for TAC funding will be circulated prior to 1 July 2002.

## PRS/2 Revisions 1 July 2002—Amended Data Items

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### Account Class (a)

### Account Class on Separation (b)

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<b>Revision Summary</b>	Include three new <i>Account Class</i> codes to enable reporting of: <ul style="list-style-type: none"><li>• Prisoners, and</li><li>• Newborn (Transferred and Unqualified this episode).</li></ul>
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### Specification

<b>Definition</b>	(a) The agency/individual chargeable for this episode, and associated sub-categories, for this episode of care, including changes to this item during the episode. (b) The agency/individual chargeable for this episode, and associated sub-categories, on the last (counted) patient day.
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<b>Datatype</b>	Alphanumeric	<b>Form</b>	Code
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<b>Field size</b>	2	<b>Layout</b>	AA or AN
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<b>Location</b>	(a) Status Segments of the Episode Record. (b) Episode Record.
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<b>Reported by</b>	All Victorian hospitals (public and private).
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<b>Reported for</b>	All admitted patient episodes of care.
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<b>Reported when</b>	(a) The Episode Record is reported. (b) Once the Separation Date is reported in the Episode Record.
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*Code set**Code      Descriptor***Boarders**

NT	Newborn (Transferred and Unqualified this episode)
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**Public (Acute Care)**

MP	Eligible (no charge)
ME	Ineligible: hospital exempt (no charge)
MR	Geriatric respite care
MN	Public NHT - without NH5
M5	Public NHT - with NH5
MA	Reciprocal Health Care Agreement

**Private**

PA	Advanced surgery 1 (1-14 days)
PB	Advanced surgery 2 (15+ days)
PC	Surgery (1-14 days)
PD	Surgery 2 (15+ days)
PE	Medical 1 (1-14 days)
PF	Medical 2 (15+ days)
PG	Obstetric 1 (1-14 days)
PH	Obstetric 2 (15+ days)
PI	Rehabilitation 1 (1-49 days)
PJ	Rehabilitation 2 (50-65 days)
PK	Rehabilitation 3 (66+ days)
PL	Psychiatric 1 (1-42 days)
PM	Psychiatric 2 (43-65 days)
PN	Psychiatric 3 (66+ days)
PO	Same Day (Band 1)
PP	Same Day (Band 2)
PQ	Same Day (Band 3)
PR	Same Day (Band 4)
PS	Private NHT - with general care-without NH5

PT	Private NHT-with general care-with NH5
PU	Private NHT-with extensive care-without NH5
PV	Private NHT-with extensive care-with NH5

**Department of Veterans' Affairs**

VX	Department of Veterans' Affairs (DVA)
VN	Department of Veterans Affairs NHT-without NH5
V5	Department of Veterans' Affairs NHT-with NH5

**Prisoners**

JP	Prisoner
JN	Non-Acute

**Compensable**

WC	Victorian WorkCover Authority (VWA)
WN	Non-Acute
TA	Transport Accident Commission (TAC)
TN	Non-Acute
AS	Armed Services
AN	Non-Acute
SS	Seamen
SN	Non-Acute
CL	Common Law Recoveries
CN	Non-Acute
OO	Other compensable
ON	Non-Acute

**Ineligible**

XX	Ineligible non-Australian residents (not exempted from fees)
XN	Non-Acute

**Reporting guide** For newborns (excluding Account Class NT) report the same Account Class as their mother.

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**NT *Newborn (Transferred and Unqualified this episode)***

A newborn (under 10 days old at admission) who is transferred from another hospital, but does not meet the criteria for a qualified newborn. These are reported with a Care Type and Qualification Status of 'U' *Unqualified*, must have an Admission Source 'T' *Transfer*. (Note – The newborn may have been reported as qualified or unqualified at a prior hospital).

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**J- *Prisoner***

A person who is an admitted patient and is currently in the custody of Correctional Services in Victoria.

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For definitions of other existing Account Class codes, refer to the PRS/2 Manual, 11<sup>th</sup> Edition, 1 July 2001.

**Reporting guide** Per PRS/2 Manual, 11<sup>th</sup> Edition, 1 July 2001

**Edits requiring amendment**

*(See Appendix A for details)*

- \*222 Unqual Newborn: Adm Date not Birth
- \*238 Admit Crit. Is U Incorrect Admit Source
- \*324 Incompat ICU Hours, A/C Class
- \*325 Incompat MV Hours, A/C Class

Editing table: *Account Class, Accommodation Type, Care Type and Medicare Suffix*

**New edits required** \*### Inconsistent Newborn (Transferred and Unqualified this episode) Data

**Background information**

The Department has become aware of some disparities between hospitals in the reporting of admissions for prisoners. It is essential that reporting of admissions of Prisoners is accurate to ensure that hospitals obtain the right level of funding from the appropriate source.

The addition of the Newborn (Transferred and Unqualified this episode) Account Class is intended to measure the numbers and patterns of newborn transfers from large to smaller hospitals. This will assist DHS to determine a suitable funding mechanism for hospitals caring for these patients.

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## Care Type

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<b>Revision Summary</b>	Create two new <i>Care Type</i> codes for patients admitted to the Interim Care Program.
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### Specification

**Definition** The nature of the clinical service provided to an admitted patient during an episode of care.

**Datatype** Alphanumeric                      **Form** Code

**Field size** 1                                      **Layout** A or N

**Location** Episode Record

**Reported by** All Victorian hospitals (public and private).

**Reported for** All admitted patient episodes of care.

**Reported when** The Episode Record is reported.

**Code set** Select the first appropriate category:

**Code    Descriptor**

D	Interim Care Program - Nursing Home Type
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E	Interim Care Program
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1        Nursing Home Type/Non-Acute

2        Designated Rehabilitation Program/Unit: Level 1

6        Designated Rehabilitation Program/Unit: Level 2

7        Designated Rehabilitation Program/Unit: Level 3

8        Palliative Care Program

5        Approved Mental Health Service or Psychogeriatric Program

9        Geriatric Evaluation and Management Program

- 0 Alcohol and Drug Program
- 3 Family choice: Awake Attendant Care
- 4 Other care (Acute) including Qualified newborn
- U Unqualified newborn

**Reporting guide**

**D Interim Care Program –Nursing Home Type (NHT)**

This Care Type occurs only for patients admitted under the Interim Care program who have been designated NHT.

**NHT**

Defined in section 3 of Commonwealth Health Insurance Act: after 35 days continuous hospitalisation (with a maximum break of seven consecutive days), the patient is classified as a NHT patient unless a medical practitioner certifies under section 3B that the patient is in need of acute care.

Such a patient will have been assessed by an Aged Care Assessment Service and will hold a 2624 certificate (formerly NH5 Form).

**E Interim Care Program**

This Care Type occurs only for patients admitted under the Interim Care program who have not been designated NHT.

Such a patient will have been assessed by an Aged Care Assessment Service and will hold a 2624 certificate (formerly NH5 Form) before 35 days of continuous hospitalisation.

For definitions of other Care Type codes, refer to the PRS/2 Manual, 11<sup>th</sup> Edition, 1 July 2001.

**Edits requiring amendment**

*(See Appendix A for details)*

- \*107 Invalid Type of Care
- \*251 Invalid Admit Barthel
- \*252 Invalid Sep'n Barthel
- \*258 Subacute: No Subacute Record
- \*285 Subacute Record not Required
- \*288 Sep Barthel and Sep Type Incompatible
- \*291 Admit Barthel > Sep Barthel
- \*293 Clin Sub-Prog Present
- \*294 Onset Date Present
- \*295 Admit/Readmit to Rehab Present
- \*305 Admit Reg ADL Present
- \*306 Sepn Rug ADL Present

Editing Table: *Account Class, Accommodation Type, Care Type and Medicare Suffix*

## **Revision background**

For 2002 – 2003 DHS has negotiated with five metropolitan health services to provide Interim Care, a strategy to improve patient 'flow'. The five auspice services are Northern Health, Eastern Health, Southern Health, Melbourne Health and the Sisters of Charity.

There will be a continuing need for this program beyond the pilot period. During 2002 – 2003, the five Health Services only may report the Interim Care Program Care types. Thereafter, the program may be further developed to allow other Health Services to offer Interim Care.

The treatment goal of the Interim Care Program is to provide an appropriate level of multi-disciplinary care to patients who are waiting to gain access to a residential care facility or a similarly supported setting. This includes maintaining a patient's functional status and actively working with the patient and their family/carer to find appropriate accommodation.

Patients admitted to Interim Care:

- a. Have completed their acute or sub-acute episode of care
- b. Have been assessed and recommended by an ACAS for residential care
- c. Are suitable for immediate placement if a residential care place is available, and
- d. Are unlikely to improve during an extended period of convalescence.

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## Contract/Spoke Identifier

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<b>Revision Summary</b>	Change the <i>Contract/Spoke Identifier</i> codes for St Vincent's Lithotripsy contracts with Victorian hospitals.
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### Specification

**Definition** This field identifies:

- The public or private hospital or day procedure centre involved in contracted care arrangements with this hospital (as purchaser *or* provider of contracted care).
- The *Spoke* hospital in a Hub and Spoke arrangement for this episode (the Spoke hospital does not report the episode).
- The exact nature of the contract involving an external purchaser.

**Datatype**                      Alphanumeric                      *Form*                      Code

**Field size**                      4                                      *Layout*                      NNNN or spaces.

**Location**                      Episode Record

**Reported by**                      Victorian public and private hospitals involved in contracted care arrangements with other hospitals (purchases and providers of contracted care).

[All other sites, report a space in this field.]

**Reported for**                      This item is mandatory if Funding Arrangement is:

1 *Contract* or

2 *Hub/Spoke*

[Otherwise, report a space in this field.]

**Code set** Report the relevant Hospital Campus Code (refer to Section 4 *Hospital Code Table*), which identifies the other party to the contracted service arrangement, with the following exception.

When the Funding Arrangement is 1 *Contract* and the Contract Type 1 *Contract Type B*, report the code from the list below that identifies the external purchaser/program relevant to the episode of care.

<b>Amended code set</b>	<b>Code</b>	<b>Descriptor</b>
	0100	Australian Health Care Agreement (AHCA) - Elective Surgery
	0200	Department of Human Services: HIV Aids
	0300	Department of Veterans' Affairs: Veterans' Cardiac Agreement
	0400	Individual contracts with international patients
	0500	Transport Accident Commission: Alfred Road Trauma Unit
	0600	Department of Human Services: Rural & Remote Health Agency Program (RuRHA)
	0700	Department of Human Services: Bowen Centre - Austin and Repatriation Medical Centre
	0800	Victorian Maintenance Dialysis Program
	0900	St Jude Pacemaker Replacement Program
	0910	St Vincent's Lithotripsy Service - Bendigo Hospital
	0920	St Vincent's Lithotripsy Service - Monash Medical Centre, Clayton
	0930	St Vincent's Lithotripsy Service - Royal Children's Hospital, Parkville
	0940	St Vincent's Lithotripsy Service - Monash Medical Centre, Moorabbin
	0950	St Vincent's Lithotripsy Service - West Gippsland Healthcare Group
	0960	St Vincent's Lithotripsy Service - Ballarat Hospital
	0970	St Vincent's Lithotripsy Service - Geelong Hospital
	0980	St Vincent's Lithotripsy Service - Frankston Hospital
	8880	Interim Care Program non-hospital service provider

**Edits requiring amendment**

(See Appendix A for details)

Editing Table: *Contracting: Funding Arrangements and Contract Fields.*

\*410 Illegal Comb. Funding Arrange & Contract

\*423 Invalid Comb. Fund/Contract/Transfer

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## Duration of Mechanical Ventilation in ICU

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<b>Revision Summary</b>	Amend the method of rounding data within the <i>Duration of Mechanical Ventilation in ICU</i> field to align with the rounding of the <i>Duration of CPAP</i> field.
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### Specification

**Definition** Total duration of Mechanical Ventilation (MV) in hours, provided in an approved Intensive Care Unit (ICU), during this episode of care.

**Datatype** Numeric **Form** Quantitative value

**Field size** 4 **Layout** NNNN or spaces.  
Right-justified and zero-filled.

**Location** Diagnosis Record

**Reported by** Public and private hospitals with an approved ICU, as listed in the PRS/2 Manual 11<sup>th</sup> Edition Section 4, and hospitals contracting with a hospital with an approved ICU.  
[Otherwise, report spaces.]

**Reported for** Episodes where MV is provided in such an ICU.  
[Otherwise, report spaces.]

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

**Code set** A number in the range 0001 to 9999.

## Reporting guide

If the patient has more than one period of MV in ICU during this episode, the total duration of all such periods is reported.

For periods up to 96 hours, report the exact number of cumulative hours (rounded off up or down according to convention, for example 1 hour and 29 minutes is rounded down to 1 hour, 1 hour and 30 minutes is rounded up to 2 hours).

For periods of greater than 96 hours, use the closest 24-hour period. For practical use, use the converter chart at the end of this page.

Only MV hours provided in an ICU are counted:

- Where a patient is intubated and MV starts in an operating theatre, for the purposes of the Duration of MV field, the *counting of the duration of MV commences when the patient enters the ICU.*
- Where MV starts in ICU, continues while the patient is in an operating theatre and on the patient's return to ICU, the *count of duration should be suspended for the time the patient is out of the ICU.*
- Where a patient receives MV in a combined ICU/CCU, report the ICU/CCU hours in the ICU field, not the CCU field.

Duration of MV is edited against Duration of Stay in ICU.

A patient who receives MV in an ICU in Hospital B during a contracted service episode has the duration of that MV reported by Hospital B; Hospital A also reports the MV hours received in Hospital B in addition to any MV hours the patient received in an ICU at Hospital A.

## Edits requiring modification

\*318 Mechanical Ventilation Duration is more than ICU Stay

\*323 Mechanical Ventilation Duration is more than Total Stay

## New Edits required

\*### Rounding Error MV Duration

## Converter Chart for calculating Duration of Mechanical Ventilation in ICU

<b>Days</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>
<b>Hours</b>	120	144	168	192	216	240	264	288	312	336	360	384	408	432
<b>Days</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>	<b>32</b>
<b>Hours</b>	456	480	504	528	552	576	600	624	648	672	696	720	744	768

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## Patient Identifier

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<b>Revision Summary</b>	Change the alignment of data within the <i>Patient Identifier</i> field. The <i>Patient Identifier</i> should be right justified and the field zero filled, not allowing blanks or spaces anywhere within the field.
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### Specification

**Definition** A patient identifier, unique to this hospital or campus (patient's record number/unit record number).

**Datatype** Alphanumeric                      **Form**                      Code

**Field size** 8

<b>Layout</b>	XXXXXXXX Right justified, zero filled.
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**Location** Episode Record  
Sub-Acute Record  
DVA Record

**Reported by** Victorian hospitals (public and private).

**Reported for** All admitted patient episodes of care.

**Reported when** The Episode Record, Sub-Acute Record or DVA is reported.

**Code set** Hospital-generated. Individual sites may use their own alphabetic, numeric or alphanumeric coding system.

**Reporting guide** If multiple campuses transmit to PRS/2 in a single file, the Patient Identifier must be unique to the hospital. If the campuses transmit data separately to PRS/2, the Patient Identifier must be unique to each campus.

All newborns must have their own Patient Identifier. This cannot be the newborn's mother's Patient Identifier but could be the mother's Patient Identifier with a prefix or suffix.

*Edits requiring amendment* \*029 Invalid Patient Identifier

## **Administration**

*Purpose* To enable relevant episodes to be updated and provide the potential for episodes to be linked across patient settings.

*Principal data users* Automated PRS/2 processes.

*Collection start* 1979-1980

*Definition source* DHS *Code set source* Individual hospitals

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## Program Funding Source

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<b>Revision Summary</b>	Create a new <i>Program Funding Source</i> code for Sub-Acute Output Group.
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### Specification

**Definition** The predominant Department of Human Services funding source for this episode of care.

**Datatype** Alphanumeric      **Form** Code

**Field size** 1      **Layout** N or space

**Location** Episode Record

**Reported by** Public hospitals.  
[Private hospitals: Report a space in this field.]

**Reported for** All admitted patient episodes of care.

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

<b>Amended code set</b>	<b>Code</b>	<b>Descriptor</b>
	1	Public Health Output Group
	2	Primary Health Output Group
	3	Youth and Family Services Output Group
	6	Acute Health Services Program Output Group
	7	Mental Health Services Output Group
	8	Aged Care Program Output Group
	9	Sub-Acute Program Output Group

**Reporting guide** Refer to the Health Service Agreement the (public) hospital has negotiated with DHS.

# PRS/2 Revisions 1 July 2002—Reference File Updates

## Postcode File

An updated postcode file will be loaded to PRS/2 and applied to all Episode records transmitted to PRS/2 from 1 July 2002. This reference file is used for reporting in the Postcode and Locality fields.

The updated reference file will be available on our web site from June 2002 at:

<http://hdss.health.vic.gov.au/globalref/index.htm>

## Hospital Code Table

A number of updates have been made to the Hospital Code file this year. The current Hospital Code Table may be accessed on the Internet at:

<http://hdss.health.vic.gov.au/globalref/index.htm>

In June 2002, a 2002 – 2003 Hospital Code Table will be placed on the Internet. Ensure to load this file for 1 July 2002.

Updates to the hospital code table during 2002–2003 will again be published in the *HDSS Bulletin*, with the web version being amended accordingly.

This reference file is used for reporting in the following PRS/2 fields:

*Hospital Code, Site Identifier, Transfer Source, Transfer Destination, Contract/Spoke Identifier.*

## ICD Library File

Separations on or after 1 July 2002 will be verified against the 2002 ICD-10-AM Version 3 Library File. Version 3 of ICD-10-AM is being implemented in all Australian States for separations on or after 1 July 2002. The new Library File will be available for downloading from the HDSS website at <http://hdss.health.vic.gov.au/globalref/index.htm>.

## Coding Classification and Grouper Versions

For 2002 – 2003, DHS will map ICD-10-AM version 3 codes to version 2 codes for input to the AR-DRG version 4.2 grouper.

Information about AR-DRG version 4.2 can be found on the website of the Department of Health and Aged Care ([www.health.gov.au/casemix/ardrg1.htm](http://www.health.gov.au/casemix/ardrg1.htm)) and in the AR-DRG version 4.2 *Addendum to Definitions Manual* available from the NCCH.

## PRS/2 Revisions 1 July 2002—File Structures

### Diagnosis Record—Revised File Structure

Note	Data Item	Field Size	Record Position	Datatype	Layout/Code Set
M	Transaction Type	2	1	A/N	X2
M	Unique Key	6	3	A/N	Hospital generated
1	Diagnosis Code x 12 - each code	8 (8 x 12)	9	A/N	ICD-10-AM 3rd edition Each left justified, trailing spaces
2	Procedure Code x 12 - each code	8 (8 x 12)	105	A/N	ICD-10-AM 2 <sup>nd</sup> edition Each left justified, trailing spaces
3	Admission weight	4	201	N	In grams, or spaces
M	Intention to Re-admit	1	205	A/N	0,1,2,3,4,9
	User Flag	1	206	A/N	Optional field, free text
4	Duration of Stay in Intensive Care Unit	4	207	N	0001 to 9999 or spaces
5	Duration of Mechanical Ventilation in ICU	4	211	N	0001 to 9999 or spaces
6	Hospital Generated DRG	4	215	A/N	ANNA or NNNA or spaces
7	Duration of Stay in Coronary/Cardiac Care Unit	4	219	N	0001 to 9999 or spaces
8	Reason for Critical Care Transfer	1	223	A/N	X,E,J,W,Y,F,K,Z or space
9	Duration of CPAP	4	224	N	0001 to 9999 or spaces
	Filler	13	228	A/N	Spaces
Total		240			

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

M Mandatory

1 First diagnosis code is mandatory.

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

3 Mandatory if patient aged <365 days at admission, else spaces.

- 4 Mandatory for patients cared for in an ICU listed in PRS/2 Manual Section 4, and by hospitals providing contracted services to those listed hospitals, else spaces.
- 5 Mandatory for patients who received mechanical ventilation in an ICU listed in PRS/2 Manual Section 4, and by hospitals providing contracted services to those listed hospitals, else spaces.
- 6 Optional but recommended for all hospitals with grouping software; else spaces.
- 7 Mandatory for patients cared for in a CCU listed in PRS/2 Manual Section 4, and by hospitals providing contracted services to those listed hospitals, else spaces.
- 8 Mandatory for public hospitals participating in the Critical Care Inter-hospital Transfer Program, listed PRS/2 Manual Section 3, else space.
- 9 Mandatory for all newborns treated in public hospitals who received continuous positive airways pressure (CPAP) in a NICU and/or SCN. Includes public contracted episodes.

*Reported by* All Victorian hospitals (public and private).

*Reported for* All admitted patient episodes of care.

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

*Reporting guide* Per PRS/2 Manual, 11<sup>th</sup> Edition, July 2001.

## DVA and TAC Record—Revised File Structure

Note	Data Item	Field Size	Record Position	Datatype	Layout/Code Set
M	Transaction Type	2	1	A/N	V2
M	Unique Key	6	3	A/N	Hospital generated.
M	Patient Identifier	8	9	A/N	Hospital generated Right justified, zero filled
M	DVA ID / TAC Claim Number	9	17	A/N	Refer to PRS/2 Manual Section 3
M	Surname	20	26	A/N	Refer to PRS/2 Manual Section 3
M	Given Name(s)	12	46	A/N	Refer to PRS/2 Manual Section 3
1	Admission Date	8	58	N	DDMMCCYY
1	Separation Date	8	66	N	DDMMCCYY
2	Date of Accident	8	74	N	DDMMCCYY
	User Flag	1	82	A/N	Optional field, free text or space
	Filler	158	83	A/N	Spaces
Total		240			

### ***Related edits requiring amendment***

*(See Appendix A for details)*

- \*161 Blank Surname
- \*162 Blank Forename
- \*165 DVA/TAC; no DVA and TAC Record
- \*167 Deleted; Caused Episode Deletion
- \*168 Flagged Deleted; Caused Epis Deletion
- \*171 No DVA and TAC Record to Delete
- \*172 Flagged Deleted Episode is DVA/TAC
- \*173 Flagged Deleted Episode not DVA or TAC
- \*174 Deleted Episode is DVA/TAC
- \*178 Trans Admit Not Same as Episode
- \*179 Trans Sept Not Same as Episode
- \*180 DVA ID/TAC Claim Number Blank

- \*181 DVA ID/TAC Claim Number Incorrect
- \*370 DVA/TAC Deletion: Episode Deletion
- \*371 Episode Deletion: DVA/TAC Trans Present
- \*372 Episode Deletion: Multiple Epis Trans
- \*373 Episode Deletion: Multiple DVA/TAC Trans
- \*374 Episode DVA/TAC: No V2 Transaction
- \*375 Episode is DVA/TAC: V2 Trans Rejected
- \*376 Episode is DVA/TAC: V2 Deletions Trans
- \*377 Episode is DVA/TAC: Multiple E2 Trans
- \*378 Episode is DVA/TAC: Multiple V2 Trans
- \*379 Episode is not DVA/TAC: V2 Trans Present
- \*380 Episode not DVA/TAC: V2 Trans: Multiple E2s
- \*381 Episode not DVA/TAC: V2 Present and Rejected
- \*382 Episode not DVA/TAC: Multiple V2 Trans
- \*383 V2 Trans: No Episode Trans
- \*384 V2 Trans: Multiple Episode Trans

## Sub-Acute Record—Revised File Structure

Note	Data Item	Field Size	Record Position	Datatype	Layout/Code Set
M	Transaction Type	2	1	A/N	S2
M	Unique Key	6	3	A/N	Hospital generated
M	Patient Identifier	8	9	A/N	Hospital generated Right justified, zero filled
1,2,4	Barthel Index Score on Admission	3	17	A/N	Range 000 to 100 or spaces
1,2,4	Barthel Index Score on Separation	3	20	A/N	Range 000 to 100 or spaces
1	Clinical Sub-program	3	23	A/N	From code list or spaces
1	Onset date	8	26	N	DDMMCCYY or spaces
1	Admission/Re-admission to Rehabilitation	1	34	A/N	0, 1 or space
	User Flag	1	35	A/N	Optional field, free text
	Filler	2	36	A/N	Spaces
3	RUG ADL on Admission	2	38	A/N	Range 00 to 18 or spaces
3	RUG ADL on Separation	2	40	A/N	Range 00 to 18 or spaces
3	Source of Referral to Palliative Care	2	42	A/N	Range 01 to 09 or spaces
	Filler	197	44	A/N	Spaces
Total		240			

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

M Mandatory

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

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

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

4 Mandatory if Care Type = D or E *Interim Care Program*

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

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

**Reported when** A Separation Date is reported in the Episode Record.  
**Refer to:** 'Data Transmission Scheduling', Section 5 of the PRS/2 Manual.

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

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

## Trailer Record File Structure note

Episodes with the new Account Class NT – *Newborn (Transferred and Unqualified this episode)* should be reported as Unqualified newborn separations and patient days in the Trailer Records.

# **Method for Reporting 'Remaining Ins' on 30 June 2002**

Data records for separations prior to 1 July 2002 must adhere to the format and values for 2001-2002 regardless of the Header Dates of the record.

Data records for separations on or after 1 July 2002 must adhere to the format and values for 2002-2003.

## **Editing Note**

Non-adherence to any of the above rules will cause the transaction to reject.

## **Collecting data for 'remaining ins'**

Hospitals should take steps to ensure accurate information is reported on patients who are remaining in on 30 June 2002. This may involve commencing collection of new data items earlier than 1 July 2002; however, the action required will vary according to the information already collected from/about patients, and the in-house system capabilities at each hospital.

## Test Transmissions of New 1 July 2002 Software

The Department of Human Services recognises that software suppliers can experience difficulties making the 1 July revisions to their programs and that distributing untested programs to clients is unsatisfactory. It can also be difficult for hospitals to resolve problems caused by using untested software. Allegiance Systems will therefore be making a test facility available to software suppliers and encourages all suppliers to test new programs before using them to send live data to the VAED via PRS/2.

After making the necessary programming changes to meet the revised requirements, each software supplier can send up to two tests in public hospital format and two in private hospital format, without charge. If the Department approves additional testing, Allegiance Systems will provide this service at a charge (price on application).

Each test can be made using the Hospital Code of a pilot hospital or using '500', the code for *dummy hospital* as used by Allegiance Systems.

Each test diskette must be externally labelled to inform Allegiance Systems whether the program is in the public hospital or private hospital format and, if not from a hospital, with the name of the software supplier.

For second or subsequent tests, Allegiance Systems requires advice as to whether or not previous test(s) are to be deleted before this test is run.

Turn-around time will depend on workload at Allegiance Systems.

Allegiance Systems will handle Control Reports produced for each test as follows:

- If Allegiance Systems knows the identity of the pilot hospital, the Control Reports will be sent to that hospital *unless that hospital has provided Allegiance Systems with written authorisation to send reports elsewhere* (a fax on letterhead is sufficient).
- If Allegiance Systems does not know the identity of the pilot hospital, Control Reports will be sent to the software supplier.

Staff at Allegiance Systems and the Department will, if requested, assist in identifying problems. However, there is no approval process for testing 1 July updates. Once the supplier and/or the hospital is satisfied that the new software meets the specifications as defined by the Department, live transmissions can commence.