

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

June 2003

Appendix B

Metropolitan Health and Aged Care Services Division
Department of Human Services



Contents

Contents	i
Introduction	4
Distribution and components of this document.....	4
Orientation to this document.....	5
Abbreviations	6
New Supplementary Code Lists.....	7
Early Parenting Centres: Approved	7
Emergency Medical Unit: Approved	7
Amended Information: Amended/New Data Items.....	8
ACAS Status.....	8
Accommodation Type (a)	11
Accommodation Type on Separation (b).....	11
Interpreter Required	16
Preferred Language	19
Amended Information: Amended/New Edits	22
084 Invalid Accom Type.....	22
094 Combination A/C Accom Care Med Suff.....	22
106 Invalid Sep Accom	23
230 Account Class & P Diag Incompatible	23
328 Early Parenting Centre – Invalid Comb.....	24
329 Geri Respite – Invalid Comb	24
397 Sep Referral Postnatal, Incompat Age/Sex	25
400 Child, Incompatible Carer Availability.....	26
407 Rehab Level 2, or 3 <input type="checkbox"/> or 4 W Low Adm Barth	27
422 Carer Avail Should Be 1	27
444 Invalid Date of Accident	28
460 Invalid ACAS Status	28
461 ACAS Status Not Required.....	29
490 Incompat Crit For Adm/Qual Stat	29
491 Incompat Fields for ESAS	30
492 Incompat Fields for RPI.....	30
500 Stat Episode: Adm Date ≠ Sep Date Prev Episode	31
502 Stat Episode: Care Type same as Next Episode.....	31
504 Stat Episode: Next Episode > 1 Minute Apart	32
505 Stat Episode: Previous Episode > 1 Minute Apart	32
506 Stat Episode: Rehab also in Next Episode	33
508 Stat Episode: Sep Date ≠ Adm Date Next Episode	33

509	Stat Episode: Sep Mode ≠ Adm Source Next Episode	34
510	Stat Sep Mode: No Subsequent Episode	34
511	Invalid Preferred Language	35
512	Preferred Language = English but Interpreter Required	35
515	Lang Not Stated must = Interpreter Required Not Stated	36
517	Invalid Interpreter Required	36
518	Medicare Code = 0, Age > 6 Months	37
519	Medicare Code = 0, Age > 12 Months	37
Amended Information: Amended Edit Tables.....		38
	Account Class, Accommodation Type, Care Type and Medicare Suffix	38
	Account Class: Geriatric Respite.....	41
	Admission Source and Age	42
	Admission Source and Criteria For Admission.....	43
	Admission Type and Age	44
	Admission Type and Criteria For Admission.....	45
	Age and Criteria For Admission.....	46
	Care Type: Family Choice.....	47
	Carer Availability and Separation Mode.....	48
	Criterion for Admission, Age, Admission Type, Admission Source, Qualification Status.....	49
	Criteria for Admission and Qualification Status	52
	Criteria for Admission: Secondary Family Member	53
	Funding Arrangement: Elective Surgery Access Service	54
	Funding Arrangement: Rural Patients Initiative.....	55
	Newborns: Criteria for Admission, Qualification Status, Care Type	56
Additional Information: New Edits		57
	Edit Messages for the Transmission.....	57
010	Multiple Header Records.....	57
011	Multiple Trailer Records	57
Edit Messages for Records		58
527	Accom Type 8, not approved for EMU.....	58
Additional Information: New Edit Table.....		59
	Criteria for Admission and Newborn Qualification Status (1 st Status Segment).....	59
Amended/New Reference Files.....		60
	ICD Library File	60
Amended Information: Amended File Structures		61
	General information for file structures	61
	Episode Record	61
	Episode Record File Structure	61

Amended VAED Manual Structure.....	66
End of Financial Year Considerations.....	67
Method for Reporting ‘Remaining Ins’ on 30 June 2003	67
Test Transmissions of New 1 July 2003 Software.....	69

Introduction

Distribution and components of this document

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

- Minor changes to information previously presented in the *Specification for Revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED for 1 July 2003*, and/or *Specification for Revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED for 1 July 2003: Appendix A*, including amended:
 - Data items (ACAS, Accommodation Type, Accommodation on Separation, Interpreter Required and Preferred Language)
 - Edits and edit tables
 - Library file
 - File structure
- Information not previously released:
 - New edits and edit table
 - Amended VAED Manual Structure
 - Method for reporting 'remaining ins' on 30 June 2003
 - Test transmissions of new 1 July 2003 software

Note that this does not include the changes to the Edit matrix, which will be released with the *VAED Manual, 13th Edition*.

This documented should be viewed in conjunction with:

- *Specification for Revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2003*, and
- *Specification for Revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2003, Appendix A*.

The *VAED Manual, 13th Edition, July 2003* will be distributed at a later date. In the meantime, the *VAED Manual, 12th Edition, July 2002* (as amended by HDSS Bulletin 49, 52 and 53) together with these documents form the admitted patient data transmission specification for 2003–2004.

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

The current *VAED Manual, 12th Edition, July 2002* 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, or PRS2.Help-Desk@dhs.vic.gov.au.

Orientation to this document

As this document provides 'specifications' for edits and edit tables, there are a few features that require explanation:

- New values and definitions relating to *existing* items appear in boxes. Where the entire edit or edit table is new this will appear in the normal layout without the boxes.
- ~~Redundant values and definitions relating to existing items are struck through.~~
- *[Comments relating to the specification document only appear in square brackets and italics.]*
- Page numbers representing cross referencing to another section of the *VAED Manual* are represented by a #.

Abbreviations

ACAS	Aged Care Assessment Service
AR-DRG	Australian Related Diagnosis Related Group
ATSI	Aboriginal and Torres Strait Islanders
CCU	Coronary/Cardiac Care Unit
DHS	Department of Human Services
DRG	Diagnosis Related Group
EMU	Emergency Medical Unit
ESAS	Elective Surgery Access Service
GEM	Geriatric Evaluation and Management
HDSS	Health Data Standards and Systems
HITH	Hospital In The Home
ICU	Intensive Care Unit
MAPU	Medical Assessment and Planning Unit
MHLS	Mental Health Legal Status
NICU	Neonatal Intensive Care Unit
NIV	Non-Invasive Ventilation
PFS	Program Funding Source
PRS/2	Patient Reporting System, Version 2
RITH	Rehabilitation In The Home
RPI	Rural Patients Initiative
RUG-ADL	Resource Utilisation Groups – Activities of Daily Living
SCN	Special Care Nursery
SOU	Short Stay Observation Unit
VAED	Victorian Admitted Episodes Dataset

New Supplementary Code Lists

The following new Supplementary Code Lists are being included, as new edits will run against these lists.

Early Parenting Centres: Approved

The following health services are approved Early Parenting Centres. Only Early Parenting Centres can report Criterion for Admission S *Secondary Family Member*. This code applies when a person who does not meet any of the other Criterion for Admission categories accompanies a patient who does.

Public hospitals

O'Connell Family Centre (Grey Sisters) Inc.

Queen Elizabeth Centre

Tweddle Child and Family Health Centre

[Family and Community Support Branch, Community Care Division, DHS.]

Emergency Medical Unit: Approved

The following health services are approved Emergency Medical Units. Only the listed health services are permitted to report Accommodation Type 8 *Emergency Medical Unit*.

Public hospitals

Maroondah Hospital

St Vincent's Hospital (Melbourne) Ltd

Amended Information: Amended/New Data Items

ACAS Status

Revision Summary	Additional information regarding private hospital reporting requirements.
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Specification

Definition The type of involvement of the Aged Care Assessment Service (ACAS) in patient discharge.

Datatype Numeric **Form** Code

Field size 1 **Layout** N or space

Location Episode Record

Reported by Public hospitals

Private hospitals – Optional.

[If the private hospital chooses not to report these data, report spaces in the field].

Reported for Episodes with Care Type 1, 2, 4, 6, 7, 8, 9, F, E and J.
[For Care Types 0, 3, 5 and U, report spaces in this field.]

And

Where the patient's age is equal to or greater than 50,

And

Where the episode is not a same day episode.

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

Code set Select the first appropriate category:

Code	Descriptor
1	ACAS Assessment completed during this episode
2	ACAS assessment incomplete: referral to Sub-acute services
3	ACAS assessment incomplete: other reason
4	ACAS consultation only during this episode
5	No ACAS involvement during this episode

Reporting guide This information should be noted in the patient's health record by staff members or by ACAS.

1 ACAS Assessment completed during this episode

Use code 1 if the patient has received a comprehensive assessment by a member of the ACAS of their physical, medical psychological, social and restorative care needs with a recommendation for the patient's long term care setting and all the relevant paperwork completed (for example, 2624 certificate completed and signed if required).

2 ACAS assessment incomplete: referral to Sub-acute services

Use code 2 if the patient was seen by the ACAS who referred the patient to sub-acute services (for example, GEM or rehabilitation) at this hospital or another campus/hospital.

Excludes when the assessment was not completed because the patient:

- Required further acute care to become medically stable (use 3).
- Began an assessment that was completed in a subsequent statistical episode (use 3).
- Died (use 3).
- Left against medical advice (use 3).

3 ACAS assessment incomplete: other reason

Use code 3 if the patient was seen by the ACAS but a final care plan and long term care setting recommendation could not be made.

Includes when the assessment was not completed because the patient:

- Required further acute care to become medically stable.
- Began an assessment that was completed in a subsequent statistical episode.
- Died.
- Left against medical advice

Excludes when the assessment was not completed because the patient:

- Was referred to sub-acute services (eg GEM or rehabilitation)(use 2)

4 ACAS consultation only during this episode

Use code 4 if the ACAS were consulted, or gave advice to the Hospital staff (discharge planner, social worker) about a patient's discharge and long term care setting and care plan options, but did not conduct a full assessment.

5 No ACAS involvement during this episode

Use code 5 if ACAS had no involvement with the patient.

Includes:

- Patient referred to ACAS for a home-based assessment (record this in Separation Referral).

Edits

462 Incompat ACAS Status and Sep Referral

Related items

Section 3: *Separation Referral* page 3-#.

Administration

Purpose	Assist in measuring demand, and for planning of future services.		
Principal data users	Co-ordinated and Home Care Unit (Rural and Regional Health and Aged Care Services, DHS)		
Collection start	2003-2004		
Definition source	DHS	Code set source	DHS

Accommodation Type (a)

Accommodation Type on Separation (b)

Revision Summary	An additional value has been added to record use of Emergency Medical Units (EMU) in approved hospitals.
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Specification

Definition	(a) The accommodation type or types occupied by the patient during their admission, including changes to this item during the episode. (b) The accommodation type occupied by the patient on their last (counted) patient day.		
Datatype	Alphanumeric	Form	Code
Field size	1	Layout	N or A

Location (a) Status Segments of the Episode Record.
(b) Episode Record.

Reported by All Victorian hospitals (public and private).

Reported for All admitted patient episodes of care.

Reported when (a) The Episode Record is reported. Any changes in Accommodation Type are reported in new Status Segments.
(b) Once the Separation Date is reported in the Episode Record.

Code set	Code	Descriptor
	4	In the Home (Hospital - HITH)(Rehabilitation - RITH)
	7	Ward Based/Medi-hotel combination
	8	Emergency Medical Unit
	S	Short Stay Observation Unit
	M	Medical Assessment and Planning Unit
	6	Emergency Department accommodation
	C	Nursery accommodation: NICU/SCN (aged <3 months)
	B	Other nursery accommodation or mother's bedside (rooming in, aged <3 months)
	3	Same Day accommodation
	2	Overnight accommodation: single room
	1	Overnight accommodation: shared room

Reporting guide For data items (a) and (b), select the first appropriate category:

[Reporting guides relating to other values remain the same as per the VAED 12th Edition.]

8 Emergency Medical Unit

Accommodation within an approved Emergency Medical Unit (EMU), often located near the Emergency Department. These units concentrate on admissions for general medical conditions in one geographical area to streamline the care planning processes. Patients' planned length of stay in the Emergency Medical Unit may be up to 48 hours prior to transfer to another ward or discharge home (majority of patients). The clinical management of these patients is jointly managed by Emergency Department physicians and general physicians.

Excludes:

- Medical Assessment and Planning Unit admissions
- Short Stay Observation Unit admissions.

S Short Stay Observation Unit

Accommodation within a Registered Short Stay Observation Unit, whether this facility is in, adjacent to, or remote from the Emergency Department.

Includes:

- General and specific Short Stay Observation Units, for example chest pain units.

Excludes:

- Short stay facilities designated specifically for elective surgical and radiological procedures
- Medical Assessment and Planning Unit admissions.
- Emergency Medical Unit admissions.

Refer to Section 4: *Short Stay Observation Units: Registered.*

M Medical Assessment and Planning Unit

Accommodation within a Registered Medical Assessment and Planning Unit. These units concentrate admissions for general medical conditions in one geographical area to streamline the care planning processes. Patients' planned length of stay in the Medical Assessment and Planning Unit may be up to 48 hours prior to transfer to another ward or discharge (where appropriate).

Excludes:

- Short Stay Observation Unit admissions.
- Emergency Medical Unit admissions.

Refer to Section 4: *Medical Assessment and Planning Units: Registered.*

Edits

- (a)
- 076 Not Sufficient Fields First Status
 - 077 Not Sufficient Fields Other Status
 - 084 Invalid Accom Type
 - 094 Combination A/C Accom Care Med Suff
 - 117 Sep Accom Type Not In A Status Seg
 - 240 Newborn Accom But Over 3 Months
 - 329 Geri Respite - Invalid Comb
 - 344 Invalid Comb For Family Choice
 - 431 Newborn But Not Newborn Accom
 - 432 MAPU or SOU >48 Hours
 - 434 NICU/SCN Accom But Unqual Newborn
 - 439 NIV Ptoc Code W/Out Duration in NICU/SCN
 - 440 NIV Duration without NIV Proc Code
 - 454 Incompat Fields for Interim Care
 - 455 Inconsist Newborn Transferred/Unqual Data
 - 464 Accom Type 7, not Care Type 4
 - 520 Accom Type 7, not approved for Medi-hotel
 - 527 Accom Type 8, not approved for EMU
 - 521 Accom Type M, no registered MAPU
 - 522 Accom Type S, no registered SOU

- (b) 106 Invalid Sep Accom
- 108 Field(s) Missing From Sep
- 117 Sep Accom Type Not In A Status Seg
- 401 Accom Type On Sep – Emerg, Not Same Day

Related items

Section 2: Concept definitions *Admitted Patient, Hospital in the Home, Intensive Care Unit, Medicare Eligibility Status – Eligible Person, Medicare Eligibility Status – Ineligible Person, Medi-hotel and Rehabilitation In The Home.*

Section 5: *Status Segments.*

Section 8: Editing Tables *Account Class, Accommodation Type and Program Funding Source and Account Class, Accommodation Type, Care Type and Medicare Suffix.*

Administration

Purpose

For analysis of patient movement during an episode.

Principal data users

Continuity Unit (Metropolitan Health & Aged Care, DHS)
 Hospital Demand Management (Metropolitan Health & Aged Care, DHS)
 Neonatal Services Advisory Committee
 Purchasing Policy Unit (Metropolitan Health & Aged Care, DHS).

Collection start

1991-1992

Definition source

DHS

Code set source

DHS

Interpreter Required

Revision Summary	Layout modified to allow spaces for private hospitals that choose not to report this data item.
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Specification

Definition The patient's need for an interpreter, as perceived by the patient or person consenting for the patient.

Datatype Numeric **Form** Code

Field size 1 **Layout** N or space

Location Episode Record

Reported by Public hospitals (voluntary for private hospitals).

Reported for All admitted patient episodes of care.

Reported when The Episode Record is reported.

Code set	Code	Descriptor
	1	Yes
	2	No
	3	Not Stated

Reporting guide Preferred Language to be asked before Interpreter Required.
If the Preferred language is English, Interpreter Required can be assumed to be 2 *No*.

This information must:

- Be checked for every admitted patient episode.
- Not be set up to a default code on computer systems.
- Be collected on, or as soon as possible after, admission.

The standard question is:

[Do you] [Does the person] [Does (name)] require an interpreter?

The provision of the question 'Do you require an interpreter?' is asked to determine patient need for an interpreter, not the capacity of the hospital to provide an interpreter.

1 Yes

Use code 1 if the patient indicates they need an interpreter.

2 No

Use code 2 if the patient indicates they do not need an interpreter.

Includes:

- Where the Preferred Language is English.

3 Not Stated

Use code 3 if the neither Yes nor No can be accurately ascertained.

Includes:

- Where the Preferred Language is 98 *Not Stated*.
- Some instances where the Preferred Language is 95 *Other Languages, nfd* or 96 *Inadequately described*.

Patient is unable to consent (eg baby, child or elderly):

Where a person is not able to consent for themselves (eg baby, child or elderly) then the need for an interpreter is recorded for the person who is consenting. For example a guardian or someone with enduring power of attorney.

Edits	517	Invalid Interpreter Required
	512	Preferred language = English but Interpreter Required
	513	ATSI identification but language ≠ English or Aboriginal
	514	Language is unspecified
	515	Language Not Stated must = Interpreter Required Not Stated
	516	Interpreter Required Not Stated; Language Invalid

Related items Section 3: *Country of Birth, Indigenous Status, and Preferred Language.*

Administration

Purpose For planning and to form the basis for future funding allocation for CALD hospital service provision.

Principal data users Clinical Governance Unit, DHS.

Collection start 2003-2004

Definition source	DHS	Code set source	DHS
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Preferred Language

Revision Summary	Layout modified to allow spaces for private hospitals that choose not to report this data item.
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Specification

Definition The language (including sign language) most preferred by the patient for communication. This may be a language other than English even where the person can speak fluent English.

Datatype Numeric **Datatype** Code

Field size 2 **Layout** NN or spaces

Location Episode Record

Reported by Public hospitals (voluntary for private hospitals).

Reported for All admitted patient episodes of care.

Reported when The Episode Record is reported.

Code set

See #, page #.

Reporting guide

This information must:

- Be checked for every admitted patient episode.
- Not be set up to a default code on computer systems.
- Be collected on, or as soon as possible after, admission.

The standard question is:

What is [your] [the person's] preferred language?

Patient is unable to consent (for example baby, child or elderly):

Where a person is not able to consent for themselves (for example baby, child or elderly) then the language of the person who is consenting will be recorded. For example a guardian or someone with enduring power of attorney.

07 Australian Indigenous languages, NEC

Includes:

- All Australian Indigenous languages not shown separately on the code list.

98 Not Stated

Includes:

- Patients who are not able to respond to this question during their admission (for example unconscious).
- Child unaccompanied by an adult, who is too young to identify preferred language in relation to the ability to consent.
- This question on the form was not filled in or filled in correctly and cannot be verified throughout the admission.

Edits	511	Invalid Preferred Language
	512	Preferred language = English but Interpreter Required
	513	ATSI identification but language ≠ English or Aboriginal
	514	Language is unspecified
	515	Language Not Stated must = Interpreter Required Not Stated
	516	Interpreter Required Not Stated; Language Invalid

Related items Section 3: *Country of Birth, Indigenous Status, and Interpreter Required.*

Administration

Purpose For planning and to form the basis for future funding allocation for Culturally And Linguistically Diverse (CALD) hospital service provision.

Principal data users Clinical Governance Unit, DHS.

Collection start	2003-2004	Collection start	2003-2004
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Definition source	NHDD	Code set source	NHDD; ABS mod Aust. Stand. Classification
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Amended Information: Amended/New Edits

084 Invalid Accom Type

Effect REJECTION

Problem The E2 Episode Record's Accommodation Type is invalid.
Refer to: Section 3 'Admission Accommodation Type'. *[Add 8]*

Remedy Check Accommodation Type, amend as appropriate and re-transmit the E2.

094 Combination A/C Accom Care Med Suff

Effect REJECTION

Problem This Episode Record has an invalid combination of Account Class, Accommodation Type, Care Type and Medicare Suffix in this Status Segment.
Refer to: Editing tables on pages 38 and 8-#. *[Table amended as new Accommodation Type]*

Remedy Check Account Class, Accommodation Type, Care Type and Medicare Suffix, amend as appropriate and re-transmit the E2.

- If no error is apparent, check to see if the Medicare Suffix has been recorded in lower case (it needs to be in upper case).

106 Invalid Sep Accom

Effect REJECTION

Problem The E2 Episode Record's Separation Accommodation Type is blank invalid.
Refer to: Section 3 'Accommodation Type'. *[Add 8]*

Remedy Check Separation Accommodation Type, amend as appropriate and re-transmit the E2.

~~230 Account Class & P Diag Incompatible~~

This edit has been deleted as it is incorporated in Rejection Edit '329 Geri Respite – Invalid Comb'. Refer to the revised version of Edit 329 on page 24.

328 Early Parenting Centre – Invalid Comb

Effect REJECTION

Problem The E2 Episode Record's Criteria For Admission is S *Secondary family member* which is relevant only to Early Parenting Centres but there is an invalid combination of data.

Refer to: Editing table on page 53 [*Edit table has been added which expands on the information previously in the edit*].

Remedy Hospitals other than Early Parenting Centres:

- Check Criterion for Admission; amend as appropriate and re-transmit the E2.

For Early Parenting Centres, check each of the fields in the editing table, amend as appropriate and amend and re-transmit the E2 and/or X2/Y2.

329 Geri Respite – Invalid Comb

Effect REJECTION

Problem The E2 Episode Record's Account Class is MR *Geriatric respite care* but there is an invalid combination. ~~of one or more of Account Class, Program Funding Source, Accommodation Type, calculated age, Criteria for Admission, Diagnosis Code and Admission Source.~~

Refer to: Editing table on page 38 and 41.

This edit applies to public hospitals only. ~~(private hospitals do not use Admission Type G).~~

Remedy Check Account Class, ~~Accommodation Type~~, Admission Date, Date of Birth (E2), ~~Criteria for Admission, Admission Source (E2), and Diagnosis Code (X2)~~, and fields in the editing tables on page 8-123 and 8-126, amend as appropriate and re-transmit the E2 and/or X2/Y2.

397

Sep Referral Postnatal, Incompat Age/Sex

Effect

REJECTION

Problem

The E2 Episode Record's Separation Referral is F *Domiciliary postnatal care, arranged before discharge* but the patient's age and/or sex are incompatible.

Remedy

Check Separation Mode Referral, Date of Birth, Admission Date and Sex, amend as appropriate and re-transmit the E2.

- Only the mother is referred for postnatal care, therefore the patient must be female and of childbearing age (between 11 and 54 years).

Effect

REJECTION

Problem

The E2 Episode Record's (with a Care Type of 1, 2, 6, 7, J, 8, ~~or~~ 9, **F or E**) age at admission is less than 8 years, and the Separation Mode is:

- H *Separation to private residence/accommodation*

but the Carer Availability is not 4, 5, or 6.

This edit applies to public hospitals only (private hospitals do not report Carer Availability).

Refer to: Editing table on page 8-48.

Remedy

Check Care Type, Date of Birth, Admission Date, Carer Availability and Separation Mode, amend as appropriate and re-transmit the E2.

- If the patient was not a child, amend the Date of Birth and/or Admission Date.
- If the patient was a child, amend the Carer Availability.
- Children aged less than 8 years who are not statistically separated, or transferred, or did not leave against medical advice or did not die, require care and will be living with another, and therefore must have a Carer Availability of 4, 5 or 6.

407 **Rehab Level 2, or 3 or 4 W Low Adm Barth**

Effect Warning

Problem The E2 Episode Record's Care Type is 6, 7 or J *Rehabilitation – Level 2* or *Level 3* or *Level 4* but the S2 Sub-acute Record's Admission Barthel is less than 002. It is unlikely that a patient with such a low Barthel would be receiving Level 2 or 3 or 4 rehabilitation.

Refer to: Editing table on page 8-#.

Remedy Check Care Type (E2) and Admission Barthel (S2), amend as appropriate if necessary, and re-transmit the E2 and/or S2

- If this was *not* Level 2, Level 3 or Level 4 rehabilitation, amend the Care Type.
- If this *was* Level 2, Level 3 or Level 4 rehabilitation, check Admission Barthel.
- If the Barthel was not assessed for this episode, enter the Barthel for the initial rehabilitation episode, not 000.
- An exception would be a quadriplegic patient after the Level 1 rehabilitation episode.

422 **Carer Avail Should Be 1**

This edit has been deleted as it is duplicated by Rejection Edit '399 Incompat Sep Mode & Carer Availability.'

444 Invalid Date of Accident

Effect REJECTION

Problem This V2 DVA and TAC Record Date of Accident is invalid, either in format or in relation to the Admission Date and Date of Birth.

Date of Accident must be after Date of Birth.

Date of Accident must be prior to Admission Date.

Refer to: Section 3 'Date of Accident'.

Remedy Check Account Class and Date of Accident, amend as appropriate and re-transmit the V2.

- For DVA patients, delete Date of Accident.
- For TAC patients, amend Date of Accident.

460 Invalid ACAS Status

Effect REJECTION

Problem The E2 Episode Record's ACAS Status is ~~blank or~~ invalid.

Refer to: Section 3 'ACAS Status'.

Remedy Check ACAS Status, amend as appropriate and re-transmit the E2.

461 ACAS Status Not Required

Effect REJECTION

Problem The E2 Episode Record's ACAS Status is a valid code, but is not required, as the patient is unseparated, or, if separated, the patient's age on admission is less than 50 years, or the episode is Same Day, or the Care Type does not require ACAS Status to be reported.

Remedy Check ACAS Status, Admission Date, Care Type, Date of Birth, and Separation Date, amend as appropriate and re-transmit the E2.

490 Incompat Crit For Adm/Qual Stat

Effect REJECTION

Problem The E2 Episode Record has an invalid combination of Criteria for Admission and Qualification Status.

Refer to: Editing tables on pages 49, 52 and 59. and 8-192 of VAED Manual 12th Ed.

Remedy Check Criteria for Admission and Qualification Status, amend as appropriate and re-transmit the E2.

491 Incompat Fields for ESAS

Effect REJECTION

Problem The E2 Episode Record's Funding Source **Arrangement** is 6 *Elective Surgery Access Service* but one or more E2 record fields contain invalid data.
Refer to: Editing table on page 54.

Remedy Check Funding Source **Arrangement** and data in the fields listed in the editing table, amend as appropriate and re-transmit the E2.

492 Incompat Fields for RPI

Effect REJECTION

Problem The E2 Episode Record's Funding Source **Arrangement** is 5 *Rural Patients Initiative* but one or more E2 record fields contain data invalid for Interim Care.
Refer to: Editing table on page and 55.

Remedy Check Funding Source **Arrangement** and data in the fields listed in the editing table, amend as appropriate and re-transmit the E2.

500 ~~Stat Episode: Adm Date ≠ Sep Date Prev Episode~~

This edit has been deleted as it has been incorporated into Rejection Edit '505 Stat Episode: Previous Episode > 1 Minute Apart' that will edit on both date and time fields. Refer to the revised version of Edit 505 on page 32.

502 **Stat Episode: Care Type same as Next Episode**

Effect NOTIFIABLE (DHS only, not on PRS/2 reports)

Problem The E2 Episode Record's Separation Mode is *S Statistical Separation (change in Care Type within this hospital)* however the Care Type is the same as that in the subsequent episode.

Remedy Check the episode's Separation Mode and Care Type and the subsequent episode's Care Type, amend as appropriate and re-transmit the E2.

- A statistical separation indicates a change to a new episode of care, and therefore a change in Care Type must occur.
- This combination of data items is incorrect, but is notifiable to accommodate the PRS/2 logic in the update process. HDSS will notify each hospital periodically of their episodes that trigger notifiable edits. This combination of data items must be amended, or episodes will be removed from the end of year VAED consolidated file.

504 Stat Episode: Next Episode > 1 Minute Apart

Effect NOTIFIABLE (DHS only, not on PRS/2 reports)

Problem The E2 Episode Record's Separation Mode is S *Statistical Separation (change in Care Type within this hospital)* and the Separation Time is not one minute before the next episode's E2 Episode Record's Admission Time.

Remedy Check the episode's Separation Mode and Separation Time, and the next episode's Admission Time, amend as appropriate and re-transmit the E2.

- This combination of data items is incorrect, but is notifiable to accommodate the PRS/2 logic in the update process. HDSS will notify each hospital periodically of their episodes that trigger notifiable edits. This combination of data items must be amended, or episodes will be removed from the end of year VAED consolidated file.

505 Stat Episode: Previous Episode > 1 Minute Apart

Effect REJECTION

Problem The E2 Episode Record's Admission Source is S *Statistical Admission (change in Care Type within this hospital)* and the Admission Date and Time is not one minute after the previous episode's E2 Episode Record's Separation Date and Time.

Remedy Check the episode's Admission Source, and Admission Date and Admission Time, and the previous episode's Separation Date and Separation Time, amend as appropriate and re-transmit the E2.

506

Stat Episode: Rehab also in Next Episode

Effect

NOTIFIABLE (DHS only, not on PRS/2 reports)

Problem

The E2 Episode Record's Separation Mode is *S Statistical Separation (change in Care Type within this hospital)* and Care Type is either 2, 6 or 7 *Designated Rehabilitation*, however the following episode's Care Type is also either 2, 6 or 7 *Designated Rehabilitation*, indicating a statistical separation to a different level of rehabilitation, excluding Care Type J.

Refer to: Editing table on pages 8-# and 8-#.

Remedy

Check the episode's Separation Mode and Care Type and the subsequent episode's Care Type, amend as appropriate and re-transmit the E2.

- It is not possible for a patient to change level of rehabilitation during a continuing period of care, unless moving to Care Type J.
- This combination of data items is incorrect, but is notifiable to accommodate the PRS/2 logic in the update process. HDSS will notify each hospital periodically of their episodes that trigger notifiable edits. This combination of data items must be amended, or episodes will be removed from the end of year VAED consolidated file.

508

~~Stat Episode: Sep Date ≠ Adm Date Next Episode~~

This edit has been deleted as it is made redundant by Notifiable Edit 504 Stat Episode: Next Episode > 1 Minute Apart. If the Separation Date ≠ Admission Date (Edit 508) then the Separation Time of the first episode will be > 1 minute before the Admission Time of the next episode (Edit 504). Therefore Edit 504 would already have triggered all episodes where the Separation Date ≠ Admission Date. Refer to Edit 504 on page 32.

509 Stat Episode: Sep Mode ≠ Adm Source Next Episode

Effect NOTIFIABLE (DHS only, not on PRS/2 reports)

Problem The E2 Episode Record's Separation Mode is S *Statistical Separation (change in Care Type within this hospital)* and the next episode's E2 Episode Record's Admission Source is not S *Statistical Separation (change in Care Type within this hospital)*.

Remedy Check the episode's Separation Mode, and the next episode's Admission Source, amend as appropriate and re-transmit the E2.

- This combination of data items is incorrect, but is notifiable to accommodate the PRS/2 logic in the update process. HDSS will notify each hospital periodically of their episodes that trigger notifiable edits. This combination of data items must be amended, or episodes will be removed from the end of year VAED consolidated file.

510 Stat Sep Mode: No Subsequent Episode

Effect NOTIFIABLE (DHS only, not on PRS/2 reports)

Problem The E2 Episode Record's Separation Mode is S *Statistical Separation (change in Care Type within this hospital)* and there is no subsequent episode after the Separation Date, for this patient identifier at this hospital campus.

Remedy Check the episode's Patient Identifier and Separation Mode, and the next episode's Admission Source, amend as appropriate and re-transmit the E2.

- This combination of data items is incorrect, but is notifiable to accommodate the PRS/2 logic in the update process. HDSS will notify each hospital periodically of their episodes that trigger notifiable edits. This combination of data items must be amended, or episodes will be removed from the end of year VAED consolidated file.

511 Invalid Preferred Language

Effect REJECTION

Problem The E2 Episode Record's Preferred Language is ~~blank~~ or invalid.
Refer to: Section 3 'Preferred Language'.

Remedy Check Preferred Language, amend as appropriate and re-transmit the E2.

512 Preferred Language = English but Interpreter Required

Effect REJECTION

Problem The E2 Episode Record's Preferred Language is English but the Interpreter Required is not ~~blank~~ 2 No.

Remedy Check Preferred Language and Interpreter Required, amend as appropriate and re-transmit the E2.

515 Lang Not Stated must = Interpreter Required Not Stated

Effect REJECTION Warning

Problem The E2 Episode Record's Preferred Language is ~~95, 96, or 98~~ but Interpreter Required is not 3 *Not Stated*.

Remedy Check Interpreter Required and Preferred Language, amend as appropriate and re-transmit the E2.

517 Invalid Interpreter Required

Effect REJECTION

Problem The E2 Episode Record's Interpreter Required is ~~blank or~~ invalid.
Refer to: Section 3 'Interpreter Required'.

Remedy Check Interpreter Required, amend as appropriate and re-transmit the E2.

518 Medicare Code = 0, Age > 6 Months

Effect Warning

Problem The E2 Episode Record's Medicare Number's final digit (Medicare Code) is zero and age less greater than 6 months.

Remedy Check Admission Date, Date of Birth, and Medicare Number, amend as appropriate if necessary, and re-transmit the E2.

519 Medicare Code = 0, Age > 12 Months

Effect REJECTION

Problem The E2 Episode Record's Medicare Number's final digit (Medicare Code) is zero and age less greater than 12 months.

Remedy Check Admission Date, Date of Birth, and Medicare Number, amend as appropriate and re-transmit the E2.

Amended Information: Amended Edit Tables

Account Class, Accommodation Type, Care Type and Medicare Suffix

Listed below are the valid reporting combinations for each Account Class.

Note, Accommodation Type 4 *Hospital in the Home*, can only be used for public, private, DVA, TAC and WorkCover patients, unless the Department has notified hospitals that specific funders accept other types of patients for this program.

Account Class	Accom Type	Care Type	Medicare Suffix
Newborn (Transferred and Unqualified)			
NT	B	U	name, C-U, BAB
Public			
MP	1 2 3 4 5 6 7 8 BC M S	0, 2, 3, 4, 5, 6, 7, J, 8, 9, E, U	name, C-U, BAB, P-N
ME	1 2 3 4 6 7 8 BC M S	0, 2, 4, 5, 6, 7, J, 8, 9, U	N-E
MR	1 2 4 6 M S	4	name, C-U
MN	1 2 4 6 M S	1, F	name, C-U, P-N, N-E
M5	1 2 4 6 M S	1, F	name, C-U, P-N, N-E
MA	1 2 3 4 6 7 8 BC M S	4, 5, E	name, C-U
Private			
PA	1 2 4 6 7 8 BC M S	4, 5, U	name, C-U, BAB, P-N
PB	1 2 4 6 7 8 BC M S	4, 5, U	name, C-U, BAB, P-N
PC	1 2 4 6 7 BC M S	4, 5, U	name, C-U, BAB, P-N
PD	1 2 4 6 7 BC M S	4, 5, U	name, C-U, BAB, P-N
PE	1 2 3 4 6 7 8 BC M S	0, 2, 3, 4, 5, 6, 7, J, 8, 9, U	name, C-U, BAB, P-N
PF	1 2 4 6 7 8 BC M S	0, 2, 3, 4, 5, 6, 7, J, 8, 9, U	name, C-U, BAB, P-N
PG	1 2 3 6 7 BC M S	4, 5, U	name, C-U, BAB, P-N
PH	1 2 6 7 BC M S	4, 5, U	name, C-U, BAB, P-N
PI	1 2 3 6 7 M S	2, 6, 7, J	name, C-U, P-N
PJ	1 2 6 7 M S	2, 6, 7, J	name, C-U, P-N
PK	1 2 6 7 M S	2, 6, 7, J	name, C-U, P-N

Account Class	Accom Type	Care Type	Medicare Suffix
PL	123 6 M S	5	name, C-U, P-N
PM	12 6 M S	5	name, C-U, P-N
PN	12 6 M S	5	name, C-U, P-N
PO	1234 678BC M S	0, 2, 4, 5, 6, 7, J, 8, 9	name, C-U, BAB, P-N
PP	1234 678BC M S	0, 2, 4, 5, 6, 7, J, 8, 9	name, C-U, BAB, P-N
PQ	1234 678BC M S	0, 2, 4, 5, 6, 7, J, 8, 9	name, C-U, BAB, P-N
PR	1234 678BC M S	0, 2, 4, 5, 6, 7, J, 8, 9	name, C-U, BAB, P-N
PS	12 4 6 M S	1	name, C-U, P-N
PT	12 4 6 M S	1	name, C-U, P-N
PU	12 4 6 M S	1	name, C-U, P-N
PV	12 4 6 M S	1	name, C-U, P-N
DVA			
VX	1234 678BC M S	0, 2, 3, 4, 5, 6, 7, J, 8, 9, U, E	name, C-U, BAB
VN	12 4 6 M S	1, F	name, C-U
V5	12 4 6 M S	1, F	name, C-U
Prisoners			
JP	1234 6 8BC M S	0, 2, 4, 5, 6, 7, 8, 9, U	name, P-N
JN	12 4 6 8 M S	1	name, P-N
Compensable			
WorkCover			
WC	1234 678BC M S	0, 2, 4, 5, 6, 7, J, 8, 9, U	name, C-U, BAB, N-E, P-N
WN	12 4 6 M S	1	name, C-U, N-E, P-N
TAC			
TA	1234 678BC M S	0, 2, 3, 4, 5, 6, 7, J, 8, 9, U	name, C-U, BAB, N-E, P-N
TN	12 4 6 M S	1	name, C-U, N-E, P-N
Services			
AS	1234 678BC M S	0, 2, 3, 4, 5, 6, 7, J, 8, 9, U	name, C-U, BAB
AN	12 4 6 M S	1	name, C-U
Seamen			
SS	1234 678BC M S	0, 2, 4, 5, 6, 7, J, 8, 9, U	name, C-U, N-E




Account Class	Accom Type	Care Type	Medicare Suffix
SN	12 4 6 M S	1	name, C-U, N-E
Common Law			
CL	123 4678 BC M S	0, 2, 3, 4, 5, 6, 7, J, 8, 9, U	name, C-U, BAB, N-E
CN	12 4 6 M S	1	name, C-U, N-E
Other			
OO	1234 678 BC M S	0, 2, 3, 4, 5, 6, 7, J, 8, 9, U	name, C-U, BAB, N-E
ON	12 4 6 M S	1	name, C-U, N-E
Ineligible			
XX	1234 678 BC M S	0, 2, 4, 5, 6, 7, J, 8, 9, U	N-E
XN	12 4 6 M S	1	N-E

Edits

- 094 Combination A/C, Accom Care Med Suff
- 329 Geri Respite- Invalid Comb
- 344 Invalid Comb For Family Choice
- 454 Incompat Fields for Interim Care

Account Class: Geriatric Respite

If Account Class is MR *Geriatric Respite Care* then the following fields must contain the codes shown below. Only fields that cannot contain the full code set are listed.

Field	Valid codes
E2 Episode Record	
Medicare Suffix 	Name, C-U
Admission Source	H
Admission Type	L, X, C, O
Transfer Source	Spaces
Accommodation Type	1, 2, 4
Qualification Status	X
Separation Mode	S, D, Z, T, N, A, H
Separation Referral	P, M, B, U, C, S, D, G, A, K, R, X or spaces
Criterion for Admission	O
Intended Duration of Stay	2
Mental Health Legal Status	9
X2 Diagnosis Record	
Principal Diagnosis	<i>Z75.5 Holiday relief care, or Z74.2 Need for assistance at home and no other household member able to render care</i>
Admission weight	Spaces
Duration of Stay in ICU 	Spaces
Duration of MV 	Spaces
Duration of Stay in CCU	Spaces
Reason for Critical Care Transfer	Spaces
Duration of NIV	Spaces

* Field is not checked by Edit 329 *Geri Respite – Invalid Comb*, as this field is checked by other general edits relating to the field.

Edits ~~230 Account Class & P Diag Incompatible~~
 329 Geri Respite – Invalid Comb

Admission Source and Age

Valid combinations (this information is an extract of the same information in the edit table on page 8-49). Only fields that cannot contain the full code set are listed.

If Age at admission is	then Admission Source must be
< 2 days	Y, T, H
< 10 days	T, H
> 9 days and <= 2 years	S, T, N, A, H
> 2 years	S, T, N, A H
If Admission Source is	then Age at admission must be
S Statistical	> 9 days
Y Birth Episode	< 2 days
N Transfer from aged care residential facility	> 2 years
A Transfer from mental health residential facility	> 2 years

Edit 479 Incompatible Adm Source/ Age

Admission Source and Criteria For Admission

Valid combinations (this information is an extract of the same information in the edit table on page 8-49). Only fields that cannot contain the full code set are listed.


If Admission Source is	then Criteria For Admission must be
S Statistical	B, C, O
Y Birth Episode	N, U
N Transfer from aged care residential facility	B, C, O
A Transfer from mental health residential facility	B, C, O
If Criteria For Admission is	then Admission Source must be
B Day Only Bands	S, T, N, A, H
C Type C	S, T, N, A, H
N Qualified Newborn	Y, T, H
U Unqualified Newborn	Y, T, H
O Overnight	S, T, N, A, H
S Secondary	S, T, H

Edit

482 Incompatible Adm Source/Crit for Adm

Admission Type and Age

Valid combinations (this information is an extract of the same information in the edit table on page 8-49). Only fields that cannot contain the full code set are listed.

If Age at admission is	then Admission Type must be
< 2 days	Y, X, C, O
< 10 days	L, X, C, O
> 9 days	S, L, X, C, O
11-54 yrs (inclusive)	S, M, L, X, C, O
If Admission Type is	then Age at admission must be
S Statistical	> 9 days
Y Birth Episode	< 2 days
M Maternity	11-54 yrs (inclusive)
L Planned Admission (Waiting List)	>  2 days

Edit

057 Incompatible Adm Type/Age

Admission Type and Criteria For Admission

Valid combinations (this information is an extract of the same information in the edit table on page 8-49). Only fields that cannot contain the full code set are listed.



If Admission Type is	then Criteria For Admission must be
S Statistical	B, C, O, S
Y Birth Episode	N, U
M Maternity	B, C, O
L Planned admission (Waiting List)	B, C, N, U, O, S
X Other planned admission	B, C, N, U, O, S
C Emergency admission through Emergency Dept	B, C, N, U, O, S
O Other emergency admission	B, C, N, U, O, S
If Criteria For Admission is	then Admission Type must be
B Day Only Bands	S, M, L, X, C, O
C Type C	S, M, L, X, C, O
N Qualified Newborn	Y, L, X, C, O
U Unqualified Newborn	Y, L, X, C, O
O Overnight	S, M, L, X, C, O
S Secondary	S, L, X, C, O

Edit

484 Incompatible Adm Type/Crit for Adm

Age and Criteria For Admission

Valid combinations (this information is an extract of the same information in the edit table on page 8-49). Only fields that cannot contain the full code set are listed.

If Age at admission is	then Criteria For Admission must be
< 2 days	N, U
< 10 days	B, C, N, U
> 9 days	B, C, O, S
If Criteria For Admission is	then Age at admission must be
B Day Only	>  2 days
C Type C	>  2 days
N Qualified Newborn	< 10 days
U Unqualified Newborn	< 10 days
O Overnight	> 9 days
S Secondary	> 9 days

Edit

486 Incompatible Age/Crit for Adm

Care Type: Family Choice

If Care Type is 3 *Family Choice: Awake Attendant Care* (currently permissible only for the Royal Children's Hospital), then the following fields must contain the codes shown below. Only fields that cannot contain the full code set are listed.

Field	Valid codes
E2 Episode Record	
Marital Status	1
Admission Type	S, X
Admission Source	S, T, H
Account Class	MP, PE, PF, VX, DVA , TA, AS, CL, OO
Accommodation Type	4
Qualification Status	X
Separation Mode	S, D, Z, T, H
Separation Referral	U, C, S, G, K, R, X, or spaces
Carer Availability	Space
Criterion for Admission	O
Intended Duration of Stay	2
Mental Health Legal Status	9
X2 Diagnosis Record	
Duration of Stay in ICU	Spaces
Duration of MV	Spaces
Duration of Stay in CCU	Spaces
Reason for Critical Care Transfer	Spaces
Duration of NIV	Spaces

Edits

094 Combination A/C Accom Care Med Suff

~~268 Inv Comb MHLS and Care Type~~

344 Invalid Comb For Family Choice

Carer Availability and Separation Mode

The edit table applies to Public Hospital episodes only. Private hospitals should report Carer Availability as a space only.

For Care Types 1, 2, 6, 7, J, 8, 9, F, and E, if an episode has the combination of Separation Mode and Age, then Carer Availability must have one of the codes in the third column:

Separation Mode	Age	Carer Availability
S, D, Z, T, N, A	any age	1
H	<8 years	4, 5, 6
H	>7 years	1, 2, 3, 4, 5, 6, 7, 8

Edits	390	Invalid Carer Availability
	399	Incompat Sep Mode & Carer Availability
	400	Child, Incompatible Carer Availability
	422	Carer Avail Should Be 1

Criterion for Admission, Age, Admission Type, Admission Source, Qualification Status

Revision Summary Amendments have been made to this edit table:

- Refinement of Age criteria.
- Consolidation of two sets of valid combinations that were identical apart from a split on Admission Type.
- Addition of reference to new edit table that forms the summary for this table.
- Addition of * indicating a note applicable to Qualification Status, detailed after the table.
- Addition of Criterion for Admission code S *Secondary Family Member* to the table.

This information is a summary of the information presented in the following tables:

- Admission Source and Admission Type, on page #.
 - Admission Source and Age, on page 42.
 - Admission Source and Criteria For Admission, on page 43.
 - Admission Source and Qualification Status, on page #.
 - Admission Type and Age, on page 44.
 - Admission Type and Criteria For Admission, on page 45.
 - Admission Type and Qualification Status, on page #.
 - Age and Criteria For Admission, on page 46.
 - Age and Qualification Status, on page #.
 - Criteria For Admission and Qualification Status, on page 52.
- Criteria For Admission and Qualification Status (1st Status Segment), on page 59.

Valid combinations (for Early Parenting Centres, Criterion S is also permitted):

Age	Criterion for Admission	Admission Type	Admission Source	Qualification Status
<2 days	N Qualified newborn	Y Birth episode	Y Birth episode	N Qualified newborn*

Age	Criterion for Admission	Admission Type	Admission Source	Qualification Status
<2 days	U Unqualified newborn	Y Birth episode	Y Birth episode	U Unqualified newborn
<2 days	N Qualified newborn	X Other planned admission C Emergency admission through ED O Other emergency	T Transfer H Private residence/ accommodation	N Qualified newborn
<2 days	U Unqualified newborn	X Other planned admission C Emergency admission through ED O Other emergency	T Transfer H Private residence/ accommodation	U Unqualified newborn
<10 days	B Day Only Bands C Type C N Qualified newborn	L Planned Waiting List X Other planned admission C Emergency admission through ED O Other emergency	T Transfer H Private residence/ accommodation	N Qualified newborn
<10 days	U Unqualified newborn	L Planned Waiting List X Other planned admission C Emergency admission through ED O Other emergency	T Transfer H Private residence/ accommodation	U Unqualified newborn
>9 days	B Day Only Bands C Type C O Overnight	S Statistical	S Statistical	X Not applicable
>9 days	S Secondary Family Member	L Planned Waiting List X Other planned admission C Emergency admission through ED O Other emergency	T Transfer H Private residence/ accommodation	X Not applicable

Age	Criterion for Admission	Admission Type	Admission Source	Qualification Status
>9 days ≤ 2 years	B Day Only Bands C Type C O Overnight	L Planned Waiting List X Other planned admission C Emergency admission through ED O Other emergency	T Transfer H Private residence/ accommodation	X Not applicable
>9 days	B Day Only Bands C Type C O Overnight	L Planned waiting list X Other planned admission	T Transfer H Private residence/ accommodation	X Not applicable
> 2 years	B Day Only Bands C Type C O Overnight	L Planned Waiting List X Other planned admission C Emergency admission through ED O Other emergency	T Transfer N From Aged Care res facility A From Mental Health res facility H Private residence/ accommodation	X Not applicable
>2 years	B Day Only Bands C Type C O Overnight	L Planned waiting list X Other planned admission	N From Aged Care res facility A From Mental Health res facility	X Not applicable
11-54 years inclusive	B Day Only Bands C Type C O Overnight	M Maternity	T Transfer N From Aged care res facility A From Mental health res facility H Private residence/ accommodation	X Not applicable

* The Qualification Status value that must be reported in the 1st Status Segment.

- Edits**
- 056 Incompatible Adm Type/Source
 - 057 Adm Type/Age
 - 074 Invalid Age For Criterion
 - 217 Newborn Adm Crit But Age > 9 Days

- 479 Incompat Adm Source/ Age
- 482 Incompat Adm Source/Crit for Adm
- 483 Incompat Adm Source/Qual Stat
- 484 Incompat Adm Type/Crit for Adm
- 485 Incompat Adm Type/Qual Stat
- 486 Incompat Age/Crit for Adm
- 487 Incompat Age/Qual Stat
- 490 Incompat Crit For Adm/Qual Stat

Criteria for Admission and Qualification Status

Valid combinations (this information is an extract of the same information in the edit table on page 8-49). Only fields that cannot contain the full code set are listed.

If Criteria For Admission is	then Qualification Status must be
B Day Only	N, X
C Type C	N, X
N Qualified Newborn	N, <input type="checkbox"/>
U Unqualified Newborn	U, <input type="checkbox"/>
O Overnight	X
S Secondary Family Member	X
If Qualification Status is	then Criteria For Admission
N Qualified newborn	B, C, N, <input type="checkbox"/>
U Unqualified newborn	U, <input type="checkbox"/>
X Not applicable	B, C, O, <input type="checkbox"/>

Edit

- 490 Incompatible Crit for Adm/Qual Stat

Criteria for Admission: Secondary Family Member

If Criteria For Admission is *S Secondary Family Member* then the following fields must contain the codes shown below. Only fields that cannot contain the full code set are listed.

[Changes is the codes are changes from the table previously listed in edit 328]

Field	Valid codes
E2 Episode Record	
Age (Date of Birth minus Admission Date)	>9 days
Admission Type	L, X, C, O
Admission Source	T, H
Criterion for Admission	All codes, plus S
Care Type	4
Accommodation Type	1, 2, 3, B
Separation Mode	D, Z, T, N, A, H
Mental Health Legal Status	9
X2 Diagnosis Record	
Duration of Stay in ICU	Spaces
Duration of MV	Spaces
Duration of Stay in CCU	Spaces
Reason for Critical Care Transfer	Spaces
Duration of NIV	Spaces

Edit

328 Early Parenting Centre – Invalid Comb

Funding Arrangement: Elective Surgery Access Service

If Funding Arrangement is 6 *Elective Surgery Access Service*, then the following fields must contain the codes shown below. Only fields that cannot contain the full code set are listed.

Field	Valid codes
E2 Episode Record	
Admission Type	L
Admission Source	S, T, N, A, H
Account Class	MP, PE, PF, VX, DVA , TA, AS, CL, OO
Qualification Status	X
Carer Availability	Space
Care Type	4
Criterion for Admission	B, C, O
Mental Health Legal Status	9

Edit

491 Incompat Fields for ESAS

Funding Arrangement: Rural Patients Initiative

If Funding Arrangement is 5 *Rural Patients Initiative*, then the following fields must contain the codes shown below. Only fields that cannot contain the full code set are listed.

Field	Valid codes
E2 Episode Record	
Admission Type	S, L, X, C, O
Admission Source	S, T, N, A, H
Account Class	MP, PE, PF, VX, DVA , TA, AS, CL, OO
Qualification Status	X
Carer Availability	Space
Care Type	4
Criterion for Admission	B, C, O
Mental Health Legal Status	9

Edit

492 Incompat Fields for RPI

Newborns: Criteria for Admission, Qualification Status, Care Type

Newborns should always have the following:

- Admission Type: Y ~~Newborn~~ Birth Episode
- Accommodation Type: C *Nursery accommodation: NICU/SCN only* or B *Other nursery accommodation or mother's bedside (rooming in)*

If Criteria for Admission codes N or U are present, the following are valid combinations:

Criterion for Admission	Qualification Status	Care Type
N <i>Qualified Newborn</i>	N <i>Qualified</i>	4 <i>Other Care (Acute) including Qualified newborn</i>
U <i>Unqualified Newborn</i>	U <i>Unqualified</i>	U <i>Unqualified newborn</i>
N <i>Qualified Newborn</i>	N <i>Qualified</i> [*] and U <i>Unqualified</i>	4 <i>Other Care (Acute) including Qualified newborn</i>
U <i>Unqualified Newborn</i>	U <i>Unqualified</i> [*] and N <i>Qualified</i>	4 <i>Other Care (Acute) including Qualified newborn</i>

* The Qualification Status value that must be reported in the 1st Status Segment.

Edits	235	Adm Criterion is N But Care Not 4
	236	Adm Crit is N But No Qual Status N
	237	Adm Crit is U But No Qual Status U
	241	Illegal Qual Stat Combination N& Y
	242	Illegal Qual Stat Combination U&Y
	260	Invalid Care For Qual

Additional Information: New Edits

Edit Messages for the Transmission

Edit messages for the Transmission are listed below for information only. All of these edits result in the run being terminated and no reports being generated. Where one of these edits is activated Allegiance will contact the site to relay the edit message. In all cases the run will need to be re-transmitted.

010 Multiple Header Records

Problem There is more than one Header Record.

Remedy Resend data with only one Header Record.

011 Multiple Trailer Records

Problem There is more than one Trailer Record 1 (T2) and/or Trailer Record 2 (U2).

Remedy Resend data with only one set of Trailer Records.

Edit Messages for Records

527 **Accom Type 8, not approved for EMU**

Effect REJECTION

Problem The E2 Episode Record's Accommodation Type is 8 *Emergency Medical Unit* but the Hospital Campus is not approved.

Refer to: Section 4 'Emergency Medical Unit: Approved'

Remedy Check Accommodation Type, amend as appropriate and re-transmit the E2.

- If you believe the Hospital Campus is approved to report this Accommodation Type, contact the HDSS Help Desk.

Additional Information: New Edit Table

Criteria for Admission and Newborn Qualification Status (1st Status Segment)

Summary

This edit table has been created in addition to the edit table 'Criteria for Admission and Qualification Status' to further specify the Qualification Status code required for newborns in the 1st Status Segment of the admission.

Section 5 of the VAED Manual, 13th Edition, 1 July 2003 will specify that if the patient is a newborn, the Qualification Status value reported in the 1st Status Segment must not be overwritten.

Valid combinations (this information is an extract of the same information in the edit table on page 8-49).

If Criteria For Admission is	then Qualification Status (1st Status Segment) must be
B Day Only	N, X
C Type C	N, X
N Qualified Newborn	N
U Unqualified Newborn	U
O Overnight	X
If Qualification Status (1st Status Segment) is	then Criteria For Admission
N Qualified newborn	B, C, N
U Unqualified newborn	U
X Not applicable	B, C, O

Edit

490 Incompatible Crit for Adm/Qual Stat

Amended/New Reference Files

ICD Library File

Separations on or after 1 July 2003 will be verified against the ICD-10-AM Version 3 Library File. Version 3 of ICD-10-AM was implemented in all Australian States for separations on or after 1 July 2002.

To accommodate the amendments to edits 450 *Code Incompatible W Female Sex* and 451 *Code Incompatible W Male Sex* (Appendix A), two new codes have been added to the code set for the Sex Restraint edit field (Library File Column J).

Code	Sex Restraint Edit
Space	No Restraint
1	REJECT if NOT male
2	WARN if female or indeterminate
3	REJECT if NOT female
4	WARN if male or indeterminate
5	REJECT if female and male procedure code is not accompanied by explanatory diagnosis code
6	REJECT if male and female procedure code is not accompanied by explanatory diagnosis code

The 2003-2004 ICD-10-AM Library File and accompanying specification documentation will be available shortly for downloading from the HDSS Website at <http://hdss.health.vic.gov.au/reffiles/index.htm>. Notification of this, along with ongoing updates to the ICD Library File during 2003–2004 will be published in the *HDSS Bulletin*.

Amended Information: Amended File Structures

General information for file structures

Previously, it was a PRS/2 system requirement that all record types were 240 characters long. This is no longer the case. Thus, for records where there are filler 'spaces' at the end of the record (X2, S2, V2, T2, U2), hospitals have the option of removing the filler 'spaces' from the file.

Additionally, for individual episodes where fields at the end of a record have a value of spaces, the record can be ended at the last field where a value is not spaces. An example of this is an episode where a patient who did not have any time in a Coronary/Cardiac Care Unit, did not receive NIV, nor was transferred. For such an episode, the Diagnosis Record (X2) could end after the Hospital Generated DRG.

Episode Record

Episode Record File Structure

Revision Summary The table below contains all amendments to the Episode Record File Structure as outlined in the 'Specifications for Revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED)' document released in February 2003.

Further amendments have been made to the Episode Record File Structure and are specified as follows:

- Layout/Code set for Admission Type, Admission Source and ACAS Status.
- ACAS Status Note 11.
- Preferred Language and Interpreter Required Notes.

Note	Data Item	Field Size	Record Position	Datatype	Layout/Code Set
M	Transaction Type	2	1	A/N	E2
M	Unique Key	6	3	A/N	Hospital-generated

Note	Data Item	Field Size	Record Position	Datatype	Layout/Code Set
M	Patient Identifier	8	9	A/N	Hospital generated Right justified, zero filled
M	Site Identifier	1	17	A/N	0, 1, 2, 3, 4, 5, 6, 7, 8, 9
M	Medicare Number	11	18	N	NNNNNNNNNNNN or spaces
M	Medicare Suffix	3	29	A/N	AAA or A-A
M	Sex	1	32	A/N	1, 2, 3
M	Marital Status	1	33	A/N	1, 2, 3, 4, 5, 6
M	Date of Birth	8	34	N	DDMMCCYY
M	Postcode	4	42	N	NNNN Refer to Section 3
M	Locality	22	46	A/N	Refer to Section 3
M	Admission Date	8	68	N	DDMMCCYY
M	Admission Time	4	76	N	HHMM
M	Admission Type	1	80	A/N	S, Y, M, L, X, C, O, Z
M	Admission Source	1	81	A/N	S, Y, T, N, A, <u>H</u>
1	Transfer Source	4	82	A/N	NNNN or spaces Refer to Section 3
	[Normal] Leave Days MTD	2	86	N	NN or spaces
	[Normal] Leave Days Financial YTD	3	88	N	NNN or spaces
	[Normal] Leave Days Total	3	91	N	NNN or spaces
	Status Segment Occurs 7 times				
2	Account Class	2	94, 107, 120, 133, 146, 159, 172	A/N	AA or AN Refer to Field specification
2	Accommodation Type	1	96, 109, 122, 135, 148, 161, 174	A/N	1, 2, 3, 4, 6, 7, B, C, M, S
2	Qualification Status	1	97, 110, 123, 136, 149, 162, 175	A/N	N, U, X

Note	Data Item	Field Size	Record Position	Datatype	Layout/Code Set
2	Patient Days MTD	2	98, 111, 124, 137, 150, 163, 176	N	Must be present if other Status details are present
2	Patient Days Financial YTD	3	100, 113, 126, 139, 152, 165, 178	N	Must be present if other Status details are present
2	Patient Days Total	4	103, 116, 129, 142, 155, 168, 181	N	Must be present if other Status details are present
3	Separation Date	8	185	N	DDMMCCYY
3	Separation Time	4	193	N	HHMM
3	Separation Mode	1	197	A/N	S, D, Z, T, N, A, H
1	Transfer Destination	4	198	A/N	NNNN or spaces Refer to Section 3
4	Separation Referral	4	202	A/N	F, P, M, B, U, C, S, D, G, A, K, R, X or spaces Left justified, trailing spaces
5	Carer Availability	1	206	A/N	1, 2, 3, 4, 5, 6, 7, 8 or space
3	Account Class on Separation	2	207	A/N	AA or AN Refer to Section 3
3	Accommodation Type on Separation	1	209	A/N	1, 2, 3, 4, 6, 7, B, C, M, S
M	Care Type	1	210	A/N	0, 1, 2, 3, 4, 5, 6, 7, 8, 9, U, F, E, J
M	Country of Birth	4	211	A/N	NNNN Refer to Section 3
M	Indigenous Status	1	215	A/N	2, 5, 6, 7
M 6	Criterion for Admission	1	216	A/N	B, C, N, U, O, S
M	Intended Duration of Stay	1	217	A/N	1, 2
M	Health Insurance Fund	3	218	A/N	Refer to Section 3
M	Level of Insurance	1	221	A/N	1, 3, 8, 6, 9
3	Mental Health Legal Status	1	222	A/N	1, 2, 9

Note	Data Item	Field Size	Record Position	Datatype	Layout/Code Set
	Filler	1	223	A/N	Spaces
7	Funding Arrangement	1	224	A/N	1, 2, 3, 4, 5, 6 or space
8	Contract Type	1	225	A/N	1, 2, 3, 4, 5, 6, 7 or space
8	Contract Role	1	226	A/N	A, B or space
9	Contract/Spoke Identifier	4	227	A/N	NNNN or spaces Refer to Section 3
10	Contract Leave Days - MTD	2	231	N	NN or spaces
10	Contract Leave Days - Financial YTD	2	233	N	NN or spaces
10	Contract Leave Days - Total	2	235	N	NN or spaces
	User Flag	1	237	A/N	Optional field, free text
M 12	Preferred Language	2	238	N	NN Refer to Section 3
M 12	Interpreter Required	1	240	N	N Refer to Section 3
11	ACAS Status	1	241	N	N or space Refer to Section 3
		Total 241			

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

Mandatory

- 1 Transfer Source: Mandatory if Admission Source = T, else spaces. Transfer Destination: Mandatory if Separation Mode = T, else spaces.
- 2 Mandatory in first Status Segment. In any subsequent Status Segment, if any field is present, then all fields for that segment must be present.
- 3 Mandatory but transmit only when Separation Date is transmitted.
- 4 Mandatory for public hospital if Separation Mode = H but transmit only when Separation Date is transmitted, else spaces. Private hospitals report codes or spaces.
- 5 Carer Availability: Mandatory for public hospitals when Care Type is 1, 2, 6, 7, J, 8, 9, F or E but transmit only when Separation Date is transmitted, else spaces. Private hospitals report a space.

- 6 Criterion for Admission: Code S only for use by Early Parenting Centres. Program Funding Source: Code 3 only for use by Early Parenting Centres.
- 7 Mandatory for all hospitals involved in contracted care, hub and spoke arrangements, or the Healthstreams Program, else space.
- 8 Mandatory for all hospitals involved in contracted care arrangements, else space.
- 9 Mandatory for all hospitals involved in contracted care or Hub and Spoke (only Hub reports) arrangements, else spaces.
- 10 Mandatory for contracting hospitals, in specific instances. Refer to Section 3.
- 11 Mandatory for public hospital when Care Type is 1, 2, 4, 6, 7, J, 8, 9, F or E, and patient age is greater than or equal to 50, and where the episode is not a sameday episode, but transmit only when Separation Date is transmitted, else spaces. Private hospitals report codes or spaces.
- 12 Mandatory for all public hospitals. Private hospitals report codes or spaces.

Reported by All Victorian hospitals (public and private).

Reported for All admitted patient episodes of care.

Amended VAED Manual Structure

To improve ease of use of the VAED Manual, and to ensure that all information relating to PRS/2 and the VAED are included, the following changes will appear in the VAED Manual, 13th Edition, 1 July 2003.

- There will be two new sections within the VAED Manual,
- The sections will be reordered as listed below:
 1. Introduction (to include a VAED Overview)
 2. Concept and derived item definitions
 3. Data definitions
 4. Business rules (new section, to incorporate tables of valid data combinations, which are currently primarily found in sections 2, 3 and 8 in the VAED Manual, 12th Edition)
 5. Compilation and transmission
 6. Request reports
 7. Control reports and reconciliation
 8. Editing
 9. Supplementary code lists
 10. PRS/2 testing (new section)

End of Financial Year Considerations

Method for Reporting ‘Remaining Ins’ on 30 June 2003

In summary, the Separation Date of an episode will determine the format and values to be reported for data records. For patients remaining in hospital on 30 June 2003, the header dates of a transmission will determine the format and values reported.

These arrangements are explained further and reinforced under the headings of ‘General Rules’ and ‘Specific Rules’.

General Rules

The following data rules apply for PRS/2 data transmissions before and after 1 July 2003:

- File transmissions with header dates prior to 1 July 2003 must contain records using the 2002-2003 format/values.
- File transmissions with header dates of 1 July 2003 and beyond must contain records using the 2003–2004 format/values.
- File transmissions with header dates of 1 July 2003 and beyond may contain records of patients separated prior to 1 July 2003 which must use the 2002-2003 format/values.
- File transmissions with header dates of 1 July 2003 and beyond may contain records of unseparated patients (those remaining in on 30 June 2003); which must use 2002–2003 format/values.
- File transmissions with header dates of 1 July 2003 and beyond may contain records of patients separated on and from 1 July 2003 which must use the 2003–2004 format/values.

Specific Rules: E2 (Episode Record)

- An Episode Record (E2) for patients remaining in hospital on 30 June 2003 must be transmitted by the final June 2003 data transmission. This Episode Record must use the PRS/2 format/values applying for 2002-03, and will have the Separation Date and associated fields blank.
- Once the Separation Date is added to the record (accompanied with associated fields required on separation), the fields associated with the admission must comply with the 2003/2004 code set/edits.

Important notes

The PRS/2 logic means that for *episodes admitted on or before 30 June 2003, and separated on or after 1 July 2003*:

- Episodes will need to capture Preferred Language and Interpreter Required data items.

- The majority of episodes (excluding birth episodes) will need to update the Admission Source and/or Admission Type.
- RITH episodes will need to have the Care Type amended (to J).
- Funding Arrangement or Contract Type may possibly need to be amended.

Also, as it is the Separation Date which determines which codeset is valid, hospitals and software suppliers are reminded that the new codesets relating to admission data items *need to be valid for episodes admitted before 1 July 2003*. Essentially, the codeset needs to be valid so that of the 'remaining ins', the episode with the earliest admission date is able to select the appropriate code from the new codeset.

Hospitals have three options for processing the above:

- Soon after 30 June 2003, systematically update the 'remaining in' episodes to add in Preferred Language and Interpreter Required, and amend Admission Source, Admission Type, and any other applicable data items. However, if this is completed while the hospital is still transmitting 2003-2003 Header Dates (that is, June 2003), then the large majority of 'remaining ins' will reject, resulting in only a partial census report able to be run.
- Wait until the Separation Date is added, and add/amend data items at this time (if not, they will reject on submission to PRS/2).
- A combination of the other two options.

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

Hospitals need to take steps to ensure accurate information is reported on patients who are remaining in on 30 June 2003. 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 2003 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).

For each test use a Hospital Code of '500', the code for *dummy hospital* as used by Allegiance Systems. Where data is being supplied electronically, the file must have a filename of 'prs2test'. Where data is being supplied via diskette, the diskette must be externally labelled 'Supplier test' and whether the program is in 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.

Turnaround 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.