# *Section 5: Compilation & Transmission*

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# *Introduction*

A transmission to PRS/2 has three components:

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

This section specifies the reporting requirements for data items relating to the compilation of a PRS/2 transmission file. That is, all data items reported in the Header and Trailer Records, and those in the Data Records that do not relate to individual episodes of care. Section 3 of this Manual details data items that relate to individual episodes of care.

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

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

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

**Complete Transmission**
Each transmission to PRS/2 commences with a ***Header Record*** followed by ***Data Records*** and ends with two ***Trailer Records***.

**PRS/2 Control Reports**
In PRS/2 Control Reports, data records are listed in alphabetical order of Transaction Type code (ie E2, S2, V2, X2, Y2), in the order in which the hospital submitted them. Therefore, to enable records to be processed, and Control Reports to be printed in a specific order, transmit the records the required order.

# PRS/2 Transaction Record Specifications, Including File Structures

# Header Record

## Header Record File Structure

| Note | Data Item | Field Size | Record Position | Layout/Code Set |
|---|---|---|---|---|
| M | Transaction Type | 2 | 1 | H2 |
| M | Hospital Code | 3 | 3 | NNN |
| M | Start Date | 8 | 6 | DDMMCCYY |
| M | End Date | 8 | 14 | DDMMCCYY |
| | Reporting Option | 1 | 22 | Space, 0, 1, 2 |
| | Reporting Type Control | 1 | 23 | Space, E, P, B |
| | Reporting Type Request | 1 | 24 | Space, E, P, B |
| | Report Requests | | | Refer to Section 6 |
| | 1st request | | | |
| | Report Code | 2 | 25 | |
| | Report Parameter | 12 | 27 | |
| | 2nd request | | | |
| | Report Code | 2 | 39 | |
| | Report Parameter | 12 | 41 | |
| | 3rd request | | | |
| | Report Code | 2 | 53 | |
| | Report Parameter | 12 | 55 | |
| | 4th request | | | |
| | Report Code | 2 | 67 | |
| | Report Parameter | 12 | 69 | |
| | 5th request | | | |
| | Report Code | 2 | 81 | |
| | Report Parameter | 12 | 83 | |
| | 6th request | | | |
| | Report Code | 2 | 95 | |
| | Report Parameter | 12 | 97 | |
| | Software Version/Edition Identifier | 3 | 109 | Optional field, free text, or spaces |
| | | Total 111 | | |

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

M Mandatory

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

***Reported for*** All PRS/2 data transmissions.

***Reported when*** A file is transmitted to PRS/2.

*Reporting guide*

**General**

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

**Data Items**

***Transaction Type***

The value identifying the Header Record is 'H2'.

***Hospital Code***

The Hospital Code for the transmitting hospital. HDSS will advise new hospitals of their code.

***Start Date***

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

***End Date***

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

***Reporting Option***

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

Report preferred choice in this field as follows:

0 Full transaction trail
1 Rejections/notifiables/warnings/fatals only
2 Edit messages, then full (accepted) transaction trail

It is strongly recommended that one of the two full transaction trail reporting options (either 0 or 2), be selected. Option 0 is the default value if this field is left blank.

***Reporting Type Control***

Select the preferred type of report for the Transmission Control and Reconciliation Report for this transmission.

Report preferred choice in this field as follows:

E Electronic only
P Paper only
B Electronic and paper

Note: Sites undergoing the PRS/2 testing process should request either P or B, as DHS requires a paper copy for evaluation.

Note: Reporting Types E and B are only applicable for hospitals that send electronically to Mantrack Systems. Hospitals that send via disk, report P or a space.

Option P is printed if this field is left blank.

***Reporting Type Request***
Select the type of report required for the Request Report/s for this transmission.

Note: Only applicable for hospitals that are electronically connected to Mantrack Systems. Hospitals that are not connected, report a space.

Report preferred choice in this field as follows:
E Electronic only
P Paper only
B Electronic and paper

Option P is printed if this field is left blank.

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

***Software Version/Edition Number***
Report the version/edition of software being used by this hospital (optional). Otherwise report spaces.

# Data Records

## Introduction

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

***Episode Record:***
Containing demographic, admission, separation, and accounting data, specific to that episode.

***Diagnosis/Extra Diagnosis Record:***
Containing Diagnosis and Procedure codes, and other selected items.

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

***Sub-Acute Record:***
Required for patients with a Care Type of 2, 6, 7 or K *Rehabilitation*, 8 *Palliative Care*, 9 *Geriatric Evaluation and Management,* or F or E *Interim Care*.

***DVA and TAC Record:***
Required for patients with Account Class V- *DVA* or T- *TAC.*

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

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

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

Transmissions can occur more than once a day. This is most relevant for sites that obtain electronic reports.

# Episode Record

## Episode Record File Structure

| Note | Data Item | Field Size | Record Position | Layout/Code Set |
|---|---|---|---|---|
| M | Transaction Type | 2 | 1 | E2 |
| M | Unique Key | 9 | 3 | Hospital-generated<br>Right justified, zero filled |
| M | Patient Identifier | 10 | 12 | Hospital generated<br>Right justified, zero filled |
| M | Site Identifier | 1 | 22 | 0, 1, 2, 3, 4, 5, 6, 7, 8, 9 |
| M | Medicare Number | 11 | 23 | NNNNNNNNNNN or spaces |
| M | Medicare Suffix | 3 | 34 | AAA or A-A |
| M | Sex | 1 | 37 | 1, 2, 3, 4 |
| M | Marital Status | 1 | 38 | 1, 2, 3, 4, 5, 6 |
| M | Date of Birth | 8 | 39 | DDMMCCYY |
| M | Postcode | 4 | 47 | NNNN<br>Refer to Section 3 |
| M | Locality | 22 | 51 | Refer to Section 3 |
| M | Admission Date | 8 | 73 | DDMMCCYY |
| M | Admission Time | 4 | 81 | HHMM |
| M | Admission Type | 1 | 85 | S, Y, M, C, L, O, X |
| M | Admission Source | 1 | 86 | S, Y, T, B, N, A, H |
| 1 | Transfer Source | 4 | 87 | NNNN or spaces<br>Refer to Section 3 |
| | Leave With Permission Days MTD | 2 | 91 | NN or spaces |
| | Leave With Permission Days Financial YTD | 3 | 93 | NNN or spaces |
| | Leave With Permission Days Total | 3 | 96 | NNN or spaces |
| | **Status Segment**<br>Occurs 7 times | | | |
| 2 | Account Class | 2 | 99, 112, 125, 138, 151, 164, 177 | AA or AN<br>Refer to Field specification |
| 2 | Accommodation Type | 1 | 101, 114, 127, 140, 153, 166, 179 | 1, 2, 3, 4, 6, 7, 8, B, C, M, S |
| 2 | Qualification Status | 1 | 102, 115, 128, 141, 154, 167, 180 | N, U, X |
| 2 | Patient Days MTD | 2 | 103, 116, 129, 142, 155, 168, 181 | Must be present if other Status details are present |

| Note | Data Item | Field Size | Record Position | Layout/Code Set |
|---|---|---|---|---|
| 2 | Patient Days Financial YTD | 3 | 105, 118, 131, 144, 157, 170, 183 | Must be present if other Status details are present |
| 2 | Patient Days Total | 4 | 108, 121, 134, 147, 160, 173, 186 | Must be present if other Status details are present |
| 3 | Separation Date | 8 | 190 | DDMMCCYY |
| 3 | Separation Time | 4 | 198 | HHMM |
| 3 | Separation Mode | 1 | 202 | S, D, Z, T, B, N, A, H |
| 1 | Transfer Destination | 4 | 203 | NNNN or spaces<br>Refer to Section 3 |
| 4 | Separation Referral | 4 | 207 | F, P, M, L, B, U, C, S, D, G, I, A, K, T, R, X or spaces<br>Left justified, trailing spaces |
| 5 | Carer Availability | 1 | 211 | 1, 2, 3, 4, 5, 6, 7, 8 or space |
| 3 | Account Class on Separation | 2 | 212 | AA or AN<br>Refer to Field specification |
| 3 | Accommodation Type on Separation | 1 | 214 | 1, 2, 3, 4, 6, 7, 8, B, C, M, S |
| M | Care Type | 2 | 215 | F, E, 1, 2, 6, 7, K, 8, 5x, 9, 0, 3, 4, U<br>Refer to Section 3 |
| M | Country of Birth | 4 | 217 | NNNN<br>Refer to Section 3 |
| M | Indigenous Status | 1 | 221 | 2, 5, 6, 7, 8, 9 |
| M<br>6 | Criterion for Admission | 1 | 222 | B, N, U, O, E, C, S |
| M | Intended Duration of Stay | 1 | 223 | 1, 2 |
| M | Health Insurance Fund | 3 | 224 | Refer to Section 3 |
| M | Level of Insurance | 1 | 227 | 1, 3, 8, 6, 9 |
| 3 | Mental Health Legal Status | 1 | 228 | 1, 2, 9 |
| 7 | Funding Arrangement | 1 | 229 | 1, 2, 4, 5, 6 or space |
| 8 | Contract Type | 1 | 230 | 1, 2, 3, 4, 5, 6, 7 or space |
| 8 | Contract Role | 1 | 231 | A, B or space |
| 9 | Contract/Spoke Identifier | 4 | 232 | NNNN or spaces<br>Refer to Section 3 |
| 10 | Contract Leave Days - MTD | 2 | 236 | NN or spaces |
| 10 | Contract Leave Days - Financial YTD | 2 | 238 | NN or spaces |
| 10 | Contract Leave Days - Total | 2 | 240 | NN or spaces |
| | User Flag | 1 | 242 | Optional field, free text |
| 12 | Preferred Language | 2 | 243 | NN<br>Refer to Section 3 |
| 12 | Interpreter Required | 1 | 245 | N<br>Refer to Section 3 |
| 13 | ACAS Status | 1 | 246 | N or space<br>Refer to Section 3 |
| 15 | Mental Health Statewide Patient Identifier | 10 | 247 | ODS generated or spaces<br>Refer to Section 3 |
| | Leave Without Permission Days MTD | 2 | 257 | NN or spaces |
| | Leave Without Permission Days Financial YTD | 3 | 259 | NNN or spaces |

| Note | Data Item | Field Size | Record Position | Layout/Code Set |
|---|---|---|---|---|
| 14 | Leave Without Permission Days Total | 3 | 262 | NNN or spaces |
| 14 16 | Palliative Care Patient Days | 3 | 265 | NNN or spaces |
| | | Total 267 | | |

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

M 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, K, 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.

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.

12 Mandatory for all public hospitals. Private hospitals report codes or spaces.

13 Mandatory for public hospitals when Care Type is 1, 2, 4, 6, 7, K, 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.

14 Where a field at the end of a record has a value of space, the record can be ended at the last field where a value is not space(s).

15 Mandatory for all public hospitals with an approved Mental Health Service when Care Type is 5x. Private hospitals report spaces.

16 Mandatory for all public hospitals when Care Type is 8.

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

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

***Reported when***

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

**Refer to**: 'Data Transmission Scheduling', page 5-44.

***Reporting guide***

**General**

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

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

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

No Diagnosis/Extra Diagnosis Record or Sub-Acute Record can be accepted until the Episode Record contains a Separation Date.

PRS/2 deals with counts of days (patient days, leave days with and without permission) according to the field's relationship with the month and year in the Header Record dates. That is, if the Header Record identifies the month as July 2005, all the month-to-date fields in the transmission will be treated as July and the year-to-date as 2005-06.

**Correction / Update**

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

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

Re-transmitting the Episode Record causes the Diagnosis/Extra Diagnosis Record to be re-edited, whether or not it has been re-transmitted. Re-transmitting the Diagnosis/Extra Diagnosis, DVA and TAC, or Sub-Acute Record causes the Episode Record to be re-edited, whether or not it has been re-transmitted.

**Deletion**

To delete an entire Episode Record:

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

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

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

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

**Data Items**

***Transaction Type***

The value identifying the Episode Record is 'E2'.

***[Status Segments]***

There are seven Status Segments available in each Episode Record.

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

- Account Class
- Accommodation Type
- Qualification Status

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

- Patient Days Month-to-date (ie, the month indicated by the Header Record)
- Patient Days Financial Year-to-date (ie, the Financial year indicated by the Header Record)
- Patient Days Total

***How to Count Patient Days***

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

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

**Refer to**:

- Section 2: *Length of Stay*.
- Section 4: *Length of Stay*.

***When to create a Status Segment***

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

If later there is a change to Account Class, Accommodation Type or Qualification Status, a new Status Segment is created. A move to or from Accommodation Type 4 *In the Home (Hospital – HITH)* is reported as a new Status Segment, not a new Episode Record.

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

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

In the following example, the patient days represent the sum of patient days reported in all Status Segments used for each period (that is, the 30 days reported in June might have been in two Status Segments, reporting two different Account Classes). The example also assumes there have been no leave days (with or without permission).

| | End of month transmissions for | Patient Days MTD | Patient Days YTD | Patient Days Total |
|---|---|---|---|---|
| Patient admitted 28 May | May 2005 | 4 | 4 | 4 |
| Patient not yet separated | June 2005 | 30 | 34 | 34 |
| Patient separated 4 July | July 2005 | 3 | 3 | 37 |

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

***How to Report a Correction to Status Field(s)***
If information in a Status Segment is incorrect, the Status Segment should be overwritten by re-transmitting the Episode Record with the correct details.

***How to Record a Change in Status Field(s)***
If the Account Class, Accommodation Type or Qualification Status changes, a new Status Segment is needed to record the Patient Days accrued for the new Status Segment details.

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

In other instances, Status Segments can be re-used if necessary. If the combination of Account Class, Accommodation Type or Qualification Status changes to a combination previously utilised in the episode, that earlier Status Segment can be used to record Patient Days for the later period. Where a Status Segment is used more than once, the Patient days reported are the sum of the Patient Days accrued during each occasion when that set of Status Segment fields applied.

For example, rather than:

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

These circumstances could be reported as:

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

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

***If all Status Segments have been used***

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

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

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

- Never overwrite a segment with Accommodation Type 4 *In the Home (Hospital – HITH)*.
- If the patient is a newborn and the new Qualification Status is N *Qualified*, overwrite an earlier Segment that has N *Qualified* Qualification Status or ensure the seventh Segment shows N *Qualified*.
- Give priority to matching the broad category of Account Class (as indicated by the first character of the code); that is, keep the patient day counts against an Account Class that is at least correct at the first character level.
- If there is still a choice of Segments to overwrite, match the Accommodation Type (but do not erase 4 *In the Home (Hospital – HITH).*

***User Flag***

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

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

# Diagnosis Record

## Diagnosis Record File Structure

| Note | Data Item | Field Size | Record Position | Layout/Code Set |
|---|---|---|---|---|
| M | Transaction Type | 2 | 1 | X2 |
| M | Unique Key | 9 | 3 | Hospital generated<br>Right justified, zero filled |
| 1 | Diagnosis Code x 12<br>- each code | 8<br>(8 x 12) | 12 | ICD-10-AM 4th edition<br>Each left justified, trailing spaces |
| 2 | Procedure Code x 12<br>- each code | 8<br>(8 x 12) | 108 | ICD-10-AM 4th edition<br>Each left justified, trailing spaces |
| 3 | Admission Weight | 4 | 204 | In grams, or spaces |
| M | Intention to Re-admit | 1 | 208 | 0, 1, 2, 3, 4, 9 |
| 9 | User Flag | 1 | 209 | Optional field, free text |
| 4<br>9 | Duration of Stay in Intensive Care Unit | 4 | 210 | 0001 to 9999 or spaces |
| 5<br>9 | Duration of Mechanical Ventilation in ICU | 4 | 214 | 0001 to 9999 or spaces |
| 6<br>9 | Hospital Generated DRG | 4 | 218 | ANNA or NNNA or spaces |
| 7<br>9 | Duration of Stay in Cardiac/Coronary Care Unit | 4 | 222 | 0001 to 9999 or spaces |
| 8<br>9 | Reason for Critical Care Transfer | 1 | 226 | X, E, J, W, Y, F, K, Z or space |
| 9 | Duration of Non-Invasive Ventilation | 4 | 227 | 00001 to 9999 or spaces |
| | | Total<br>230 | | |

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 occurring in the contracted hospital when reported by the *contracting* hospital, else space.

3 Mandatory if patient aged <1 year at admission, else spaces.

4 Mandatory for patients cared for in an ICU listed in Section 9, and by hospitals providing contracted services to those listed hospitals, else spaces.

5 Mandatory for patients who received mechanical ventilation in an ICU listed in Section 9, and by hospitals providing contracted services to those listed hospitals, else spaces.

6 Optional but recommended for all hospitals with grouping software; else spaces.

7 Mandatory for patients cared for in a CCU listed in Section 9, and by hospitals providing contracted services to those listed hospitals, else spaces.

8 Mandatory for public hospitals participating in the Critical Care Inter-hospital Transfer Program, listed Section 3, else space.

9 Where a field at the end of a record has a value of space(s), the record can be ended at the last field where a value is not space(s).

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

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

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

**Refer to**: 'Data Transmission Scheduling', page 5-44.

***Reporting guide***

**General**

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

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

**Correction / Update**

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

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

**Deletion**

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

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

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

**Data Items**

***Transaction Type***

The value identifying the Diagnosis Record is 'X2'.

***User Flag***

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

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

# Extra Diagnosis Record

## Extra Diagnosis Record File Structure

| Note | Data Item | Field Size | Record Position | Layout/Code Set |
|---|---|---|---|---|
| M | Transaction Type | 2 | 1 | Y2 |
| M | Unique Key | 9 | 3 | Hospital generated<br>Right justified, zero filled |
| | Diagnosis Code (13 to 25) | 8<br>(8 x 13) | 12 | ICD-10-AM 4th edition<br>Each left justified and with trailing spaces |
| 1<br>2 | Procedure Code (13 to 25) | 8<br>(8 x 13) | 116 | ICD-10-AM 4th edition<br>Each left justified and with trailing spaces |
| 2 | Diagnosis Code (26 to 40) | 8<br>(8 x 15) | 220 | ICD-10-AM 4th edition<br>Each left justified and with trailing spaces |
| 1<br>2 | Procedure Code (26 to 40) | 8<br>(8 x 15) | 340 | ICD-10-AM 4th edition<br>Each left justified and with trailing spaces |
| | | Total<br>459 | | |

M Mandatory

1 Eighth character is F or N for procedures occurring in the contracted hospital when reported by the *contracting* hospital, else space.

2 Where a field at the end of a record has a value of space(s), the record can be ended at the last field where a value is not space(s).

***Reported by*** Public and private hospitals - **optional.**

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

***Reported for*** Each episode that has more than 12 diagnosis and/or 12 procedure codes assigned.

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

**Refer to**: 'Data Transmission Scheduling', page 5-44.

***Reporting guide*** **General**
The Extra Diagnosis Record accepts up to 28 extra diagnosis and/or procedure codes, for each applicable episode of care. PRS/2, therefore, is able to accept a maximum of 40 diagnosis and 40 procedure codes. (The Diagnosis Record accepts the first twelve of each.)

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

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

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

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

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

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

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

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

**Data Items**
***Transaction Type***
The value identifying the Extra Diagnosis Record is 'Y2'.

# Sub-Acute Record

## Sub-Acute Record File Structure

| Note | Data Item | Field Size | Record Position | Layout/Code Set |
|---|---|---|---|---|
| M | Transaction Type | 2 | 1 | S2 |
| M | Unique Key | 9 | 3 | Hospital generated<br>Right justified, zero filled |
| M | Patient Identifier | 10 | 12 | Hospital generated<br>Right justified, zero filled |
| 1, 2, 4 | Barthel Index Score on Admission | 3 | 22 | Range 000 to 100 or spaces |
| 1, 2, 4 | Barthel Index Score on Separation | 3 | 25 | Range 000 to 100 or spaces |
| 1 | Clinical Sub-program | 3 | 28 | From code list or spaces |
| 1 | Onset Date | 8 | 31 | DDMMCCYY or spaces |
| 1 | Admission/Re-admission to Rehabilitation | 1 | 39 | 0, 1 or space |
| 5 | User Flag | 1 | 40 | Optional field, free text |
| 3<br>5 | RUG ADL on Admission | 2 | 41 | Range 00 to 18 or spaces |
| 3<br>5 | RUG ADL on Separation | 2 | 43 | Range 00 to 18 or spaces |
| 3<br>5 | Source of Referral to Palliative Care | 2 | 45 | Range 01 to 09 or spaces |
| | | Total 46 | | |

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

M Mandatory

1 Mandatory if Care Type = 2, 6, 7 or K *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 = F or E *Interim Care Program*

5 Where a field at the end of a record has a value of space(s), the record can be ended at the last field where a value is not space(s).

***Reported by*** Public hospitals.

[Private hospitals: Do not report S2s.]

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

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

**Refer to**: 'Data Transmission Scheduling', page 5-44.

***Reporting guide***

**General**

The data items collected (marked with an * in the table below) in the Sub-Acute Record are needed for the support and further development of casemix classifications for sub-acute patients.

| Field | Rehab Care Type 2, 6, 7 or K | Palliative Care Type 8 | GEM Care Type 9 | Interim Care Type F, E |
|---|---|---|---|---|
| Transaction Type | S2 | S2 | S2 | S2 |
| Unique Key | * | * | * | * |
| Patient Identifier | * | * | * | * |
| Barthel Index Score on Adm | * | 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 on Separation | Spaces | * | Spaces | Spaces |
| Source of Referral to Palliative Care | Spaces | * | Spaces | Spaces |

**Correction**

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

Re-transmitting the Sub-Acute Record causes the Episode Record to be re-edited.

**Deletion**

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

If an Episode Record is deleted, the Sub-Acute Record will automatically be deleted. Re-transmitting the Episode Record alone will not re-generate the Sub-Acute Record; the Sub-Acute Record must also be re-transmitted.

A record can be deleted and re-transmitted in the same transmission so long as the hospital sequences the deletion first.

**Data Items**

***Transaction Type***

The value identifying the Sub-Acute Record is ‘S2’.

***User Flag***

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

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

# DVA and TAC Record

## DVA and TAC Record File Structure

| Note | Data Item | Field Size | Record Position | Layout/Code Set |
|---|---|---|---|---|
| M | Transaction Type | 2 | 1 | V2 |
| M | Unique Key | 9 | 3 | Hospital generated<br>Right justified, zero filled |
| M | Patient Identifier | 10 | 12 | Hospital generated<br>Right justified, zero filled |
| M | DVA ID / TAC Claim Number | 9 | 22 | Refer to Section 3 |
| M | Surname | 25 | 31 | Refer to Section 3 |
| M | Given Name(s) | 15 | 56 | Refer to Section 3 |
| 1 | Admission Date | 8 | 71 | DDMMCCYY |
| 1 | Separation Date | 8 | 79 | DDMMCCYY |
| 2<br>3 | Date of Accident | 8 | 87 | DDMMCCYY or spaces |
| 3 | User Flag | 1 | 95 | Optional field, free text or space |
| | | Total: 95 | | |

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

M Mandatory

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

2 Mandatory if Account Class = T- *TAC*, else spaces.

3 Where a field at the end of a record has a value of space(s), the record can be ended at the last field where a value is not space(s).

***Reported by*** Public hospitals.

[Private hospitals: Do not report V2s.]

***Reported for*** Admitted patient episodes with an Account Class of V- *DVA* or T- *TAC*.

***Reported when*** The Episode Record is reported (each time).

**Refer to**: 'Data Transmission Scheduling', page 5-44.

***Reporting guide*** **General**
The DVA and TAC Record allows hospitals to report the necessary additional information about a DVA or TAC patient to facilitate payment for the episode.

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

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

Re-transmitting the DVA and TAC Record causes the Episode Record to be re-edited.

**Deletion**
PRS/2 requires a matching Episode and DVA and TAC pair of records to be retained on the system. The only way to delete a DVA and TAC Record is to delete the corresponding Episode Record. This will automatically delete the DVA and TAC Record.

Re-transmitting the Episode Record alone will not re-generate the DVA and TAC Record; the DVA and TAC Record must also be re-transmitted. If the deletion is submitted after the DVA and TAC Record has been sent to DVA or TAC respectively, the record will be flagged as cancelled but will remain on the file available to the Department.

A record can be deleted and re-transmitted in the same transmission so long as the hospital sequences the deletion first.

**Data Items**
***Transaction Type***
The value identifying the DVA and TAC Record is 'V2'.

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

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

***Editing***

The following rules apply to DVA and TAC data:

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

These rules imply:

- When sending an updated Episode Record, even though a V2 had been successful in an earlier transmission, the DVA and TAC Record must be sent again.
- When sending an updated DVA and TAC Record (to correct information in a previously accepted DVA and TAC Record), even though an Episode Record had been successful in an earlier transmission, the Episode Record must be sent again.

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

The Transaction Match process:

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

# Trailer Records

## Introduction

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

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

Trailer records also include month-to-date and financial year-to-date statistics that enable comparison and reconciliation of PRS/2 and End Of Month data. End Of Month items are different depending on whether the hospital is public or private. Therefore, the format of Trailer Records is different depending on whether the transmitting hospital is public or private.

**Correction**
Data contained in the Trailer Records will be overwritten when the Header Record of the next transmission:
- Has Start and End Dates identical to those in the previous transmission.
- Has an End Date of the same month and year to that in the previous transmission.

# Trailer Record 1: Private Hospitals and Day Procedure Centres

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

| Note | Data Item | Field Size | Record Position | Layout/Code Set |
|---|---|---|---|---|
| M | Transaction Type | 2 | 1 | T2 |
| M | Hospital Code | 3 | 3 | NNN |
| | *Input Reconciliation* | | | |
| M | Total Number of Records | 5 | 6 | NNNNN |
| | *Episode Records* | | | |
| M | New | 4 | 11 | NNNN |
| M | Corrections | 4 | 15 | NNNN |
| M | Deletions | 4 | 19 | NNNN |
| | *Diagnosis Records* | | | |
| M | New | 4 | 23 | NNNN |
| M | Corrections | 4 | 27 | NNNN |
| M | Deletions | 4 | 31 | NNNN |
| | *DVA and TAC Records* | | | |
| M | New | 4 | 35 | Always 4 zeros |
| M | Corrections | 4 | 39 | Always 4 zeros |
| M | Deletions | 4 | 43 | Always 4 zeros |
| | *Summary Statistics MTD* | | | |
| M | Admissions (includes Statistical) | 4 | 47 | NNNN |
| M | Separations (includes Statistical) | 4 | 51 | NNNN |
| M | Statistical Separations | 4 | 55 | NNNN |
| M | On Leave With or Without Permission at End Date | 3 | 59 | NNN |
| M | Actual Remaining in at End Date | 4 | 62 | NNNN |
| M | Patient Days | 5 | 66 | NNNNN |
| | *Summary Statistics Financial YTD* | | | |
| M | Admissions (includes Statistical) | 5 | 71 | NNNNN |
| M | Separations (includes Statistical) | 5 | 76 | NNNNN |
| M | Statistical Separations | 5 | 81 | NNNNN |
| M | Patient Days | 6 | 86 | NNNNNN |
| 1 | *End of Month Statistics MTD* | | | |
| | *Private Hospitals, Day Procedure Centres only* | | | |
| | *Private-Acute* | | | |
| | Separations | 4 | 92 | NNNN or spaces |
| | Patient Days | 5 | 96 | NNNNN or spaces |
| | *Private-NHT* | | | |
| | Separations | 4 | 101 | NNNN or spaces |
| | Patient Days | 5 | 105 | NNNNN or spaces |
| | *Compensable* | | | |
| | Separations | 4 | 110 | NNNN or spaces |
| | Patient Days | 5 | 114 | NNNNN or spaces |
| | *Ineligible* | | | |
| | Separations | 4 | 119 | NNNN or spaces |

| Note | Data Item | Field Size | Record Position | Layout/Code Set |
|---|---|---|---|---|
| | Patient Days | 5 | 123 | NNNNN or spaces |
| | *Public - Under Contract* | | | |
| | Separations | 4 | 128 | NNNN or spaces |
| | Patient Days | 5 | 132 | NNNNN or spaces |
| | Filler | 9 | 137 | Zeros or spaces |
| | *Same Day Separations* | | | |
| | Private - Same Day | 4 | 146 | NNNN or spaces |
| | Compensable - Same Day | 4 | 150 | NNNN or spaces |
| | Ineligible - Same Day | 4 | 154 | NNNN or spaces |
| | Public - Under Contract - Same Day | 4 | 158 | NNNN or spaces |
| | Filler | 79 | 162 | Zeros or spaces |
| | | Total 240 | | |

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

M Mandatory

1 Mandatory in transmissions with end of month file date

***Reporting guide***

**Data Items**

***Transaction Type***
The value identifying this trailer record is 'T2'.

***Hospital Code***
The recognised Hospital Code for the transmitting hospital (NNN).

Refer to: Section 9 'Hospital Code Table'

INPUT RECONCILIATION

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

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

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

***Episode Records – Deletions***
Total number of Episode Record (E2) deletions in this transmission file.

***Diagnosis Records –New***
Total number of new Diagnosis Records (X2) and Extra Diagnosis Records (Y2) in this transmission file.

***Diagnosis Records – Corrections***
Total number of Diagnosis Record (X2) and Extra Diagnosis Record (Y2) corrections and updates in this transmission file.

***Diagnosis Records – Deletions***
Total number of Diagnosis Record (X2) and Extra Diagnosis Record (Y2) deletions in this transmission file.

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

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

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

SUMMARY STATISTICS MONTH-TO-DATE

Summary Statistics MTD includes all episodes, including episodes for qualified *and* unqualified newborns. Patient day counts include all patient days, including qualified and unqualified days.

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

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

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

***On Leave With or Without Permission at End Date***
Total admitted patients who are on leave with or without permission at the Header Record End Date.

***Actual Remaining In at End Date***
Total admitted patients who remain as admitted patients at Header Record End Date (that is, not separated and not on leave [with or without permission]) including qualified and unqualified newborns. The PRS/2 calculated total includes patients on leave with or without permission but the Trailer Record total should not.

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

SUMMARY STATISTICS FINANCIAL YEAR-TO-DATE

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

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

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

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

END OF MONTH STATISTICS MONTH-TO-DATE

Mandatory in transmissions with an end of month file date. Optional for other transmission. If not transmitting End Of Month data, transmit spaces.

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

***MTD – Private – Acute – Patient Days***
Total private acute (including DVA acute) patient days in the month of Header Record End Date (or month-to-date). Includes patient days incurred by same day patients. Includes patient days during which newborns where qualified.

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

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

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

***MTD – Compensable – Patient Days***
Total compensable patient days in the month of Header Record End Date (or month-to-date). Includes patient days incurred by same day patients.

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

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

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

***MTD – Public – Under Contract – Patient Days***
Total public under contract patient days in the month of Header Record End Date (or month-to-date). Includes patient days incurred by same day patients. Includes patient days during which newborns were qualified.

***Filler***
Spaces must be reported in this field (field not presently in use).

SAME DAY SEPARATIONS

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

***MTD – Private – Same Day***
Total separations of private (including DVA) same day patients in the month of Header Record End Date (or month-to-date).

***MTD – Compensable –Same Day***
Total separations of compensable same day patients in the month of Header Record End Date (or month-to-date).

***MTD – Ineligible – Same Day***
Total separations of ineligible same day patients in the month of Header Record End Date (or month-to-date).

***MTD – Public Under Contract – Same Day***
Total separations of public under contract same day patients in the month of Header Record End Date (or month-to-date).

***Filler***
Spaces must be reported in this field (field not presently in use).

# Trailer Record 1: Public Hospitals

## Trailer Record 1: Public Hospitals File Structure

| Note | Data Item | Field Size | Record Position | Layout/Code Set |
|---|---|---|---|---|
| M | Transaction Type | 2 | 1 | T2 |
| M | Hospital Code | 3 | 3 | NNN |
| | *Input Reconciliation* | | | |
| M | Total Number of Records | 5 | 6 | NNNNN |
| | *Episode Records* | | | |
| M | New | 4 | 11 | NNNN |
| M | Corrections | 4 | 15 | NNNN |
| M | Deletions | 4 | 19 | NNNN |
| | *Diagnosis Records* | | | |
| M | New | 4 | 23 | NNNN |
| M | Corrections | 4 | 27 | NNNN |
| M | Deletions | 4 | 31 | NNNN |
| | *DVA and TAC Records* | | | |
| M | New | 4 | 35 | NNNN |
| M | Corrections | 4 | 39 | NNNN |
| M | Deletions | 4 | 43 | NNNN |
| | *Sub-Acute Records* | | | |
| M | New | 4 | 47 | NNNN |
| M | Corrections | 4 | 51 | NNNN |
| M | Deletions | 4 | 55 | NNNN |
| | *Summary Statistics MTD* | | | |
| M | Admissions (includes Statistical) | 4 | 59 | NNNN |
| M | Separations (includes Statistical) | 4 | 63 | NNNN |
| M | Statistical Separations | 4 | 67 | NNNN |
| M | On Leave With or Without Permission at End Date | 3 | 71 | NNN |
| M | Actual Remaining In at End Date | 4 | 74 | NNNN |
| M | Patient Days | 5 | 78 | NNNNN |
| | *Summary Statistics Financial Year to Date* | | | |
| M | Admissions (includes Statistical) | 5 | 83 | NNNNN |
| M | Separations (includes Statistical) | 5 | 88 | NNNNN |
| M | Statistical Separations | 5 | 93 | NNNNN |
| M | Patient Days | 6 | 98 | NNNNNN |
| 1 | *End of Month Statistics MTD* | | | |
| | *Public Hospitals only* | | | |
| | *Public-Acute* | | | |
| | Separations | 4 | 104 | NNNN or spaces |
| | Patient Days | 5 | 108 | NNNNN or spaces |
| | *Private-Acute* | | | |
| | Separations | 4 | 113 | NNNN or spaces |
| | Patient Days | 5 | 117 | NNNNN or spaces |
| | *Compensable- Acute* | | | |
| | Separations | 4 | 122 | NNNN or spaces |
| | Patient days | 5 | 126 | NNNNN or spaces |
| | *Ineligible – Acute* | | | |
| | Separations | 4 | 131 | NNNN or spaces |
| | Patient days | 5 | 135 | NNNNN or spaces |

| Note | Data Item | Field Size | Record Position | Layout/Code Set |
|---|---|---|---|---|
| | *Public - NHT NH5* | | | |
| | Separations | 4 | 140 | NNNN or spaces |
| | Patient days | 5 | 144 | NNNNN or spaces |
| | *Public-NHT Non NH5* | | | |
| | Separations | 4 | 149 | NNNN or spaces |
| | Patient days | 5 | 153 | NNNNN or spaces |
| | *Private - NHT NH5* | | | |
| | Separations | 4 | 158 | NNNN or spaces |
| | Patient days | 5 | 162 | NNNNN or spaces |
| | *Private-NHT Non NH5* | | | |
| | Separations | 4 | 167 | NNNN or spaces |
| | Patient days | 5 | 171 | NNNNN or spaces |
| | *Compensable-Non-Acute* | | | |
| | Separations | 4 | 176 | NNNN or spaces |
| | Patient days | 5 | 180 | NNNNN or spaces |
| | *Ineligible-Non-Acute* | | | |
| | Separations | 4 | 185 | NNNN or spaces |
| | Patient days | 5 | 189 | NNNNN or spaces |
| | *Same Day Separations* | | | |
| | Public - Same Day | 4 | 194 | NNNN or spaces |
| | Private – Same Day | 4 | 198 | NNNN or spaces |
| | Compensable - Same Day | 4 | 202 | NNNN or spaces |
| | Ineligible - Same Day | 4 | 206 | NNNN or spaces |
| | *Unqualified newborns* | | | |
| | Number of Entirely Unqualified Episodes | 3 | 210 | NNN or spaces |
| | Number of Unqualified Days | 4 | 213 | NNNN or spaces |
| | Filler | 24 | 217 | Spaces |
| | | Total 240 | | |

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

M Mandatory

1 Mandatory in transmissions with end of month file date

***Reporting guide***

**Data Items**

***Transaction Type***

The value identifying this Trailer Record is 'T2'.

***Hospital Code***

The recognised Hospital Code for the transmitting hospital (NNN).

Refer to: Section 9 'Hospital Code Table'

INPUT RECONCILIATION

***Total Number of Records***

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

***Episode Records – New***

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

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

***Episode Records – Deletions***
Total number of Episode Record (E2) deletions in this transmission file.

***Diagnosis Records – New***
Total number of new Diagnosis Records (X2) and Extra Diagnosis Records (Y2) in this transmission file.

***Diagnosis Records – Corrections***
Total number of Diagnosis Record (X2) and Extra Diagnosis Record (Y2) corrections and updates in this transmission file.

***Diagnosis Records – Deletions***
Total number of Diagnosis Record (X2) and Extra Diagnosis Record (Y2) deletions in this transmission file.

***DVA and TAC Records – New***
Total number of new DVA and TAC Records (V2) in this transmission file.

***DVA and TAC Records – Corrections***
Total number of DVA and TAC Record (V2) corrections and updates in this transmission file.

***DVA and TAC Records – Deletions***
Total number of DVA and TAC Record (V2) deletions in this transmission file.

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

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

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

SUMMARY STATISTICS MONTH-TO-DATE

Summary Statistics MTD includes all episodes, including episodes for qualified *and* unqualified newborns. Patient day counts include all patient days, including qualified and unqualified days.

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

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

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

***On Leave With or Without Permission at End Date***
Total admitted patients who are on leave with or without permission at the Header Record End Date.

***Actual Remaining In at End Date***
Total admitted patients who remain as admitted patients at Header Record End Date (that is, not separated and not on leave [with or without permission]) including qualified and unqualified newborns. The PRS/2 calculated total includes patients on leave with or without permission but the Trailer Record total should not.

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

SUMMARY STATISTICS FINANCIAL YEAR-TO-DATE

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

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

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

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

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

END OF MONTH STATISTICS MONTH-TO-DATE

Mandatory in transmissions with an end of month file date. Optional for other transmissions. If not transmitting End Of Month data, transmit spaces.

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

- Entire episodes during which a newborn was unqualified are not reported to the Commonwealth and are therefore to be reported *only* on the line Unqualified Newborns.
- If an episode of a qualified newborn includes any days when the newborn was unqualified, those unqualified days are also to be reported *only* on the line Unqualified Newborns.
- Newborn episodes are unlikely to occur in some of the Account Classes.

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

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

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

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

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

***MTD – Compensable – Acute – Patient Days***
Total compensable acute patient days in the month of Header Record End Date (or month-to-date). Includes patient days incurred by same day patients.

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

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

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

***MTD – Public – NHT NH5 – Patient Days***
Total public NHT NH5 patient days in the month of Header Record End Date (or month-to-date). Includes patient days incurred by same day patients.

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

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

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

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

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

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

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

***MTD – Compensable – Non-Acute – Patient Days***
Total compensable non-acute patient days in the month of Header Record End Date (or month-to-date). Includes patient days incurred by same day patients.

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

***MTD – Ineligible – Non-Acute – Patient Days***
Total ineligible non-acute patient days in the month of Header Record End Date (or month-to-date). Includes patient days incurred by same day patients.

SAME DAY SEPARATIONS

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

***MTD – Public – Same Day***
Total separations of public same day patients (including public same day patients under contract) in the month of Header Record End Date (or month-to-date). Includes same day separations of qualified newborns.

***MTD – Private – Same Day***
Total separations of private same day patients (including DVA, and private and DVA same day patients under contract) in the month of Header Record End Date (or month-to-date). Includes same day separations of qualified newborns.

***MTD – Compensable – Same Day***
Total separations of compensable same day patients in the month of Header Record End Date (or month-to-date).

***MTD – Ineligible – Same Day***
Total separations of ineligible same day patients in the month of Header Record End Date (or month-to-date). Includes same day separations of qualified newborns.

UNQUALIFIED EPISODES AND DAYS

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

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

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

***Filler***
Spaces must be reported in this field (field not presently in use).

# Trailer Record 2: Private Hospitals and Day Procedure Centres

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

| Note | Data Item | Field Size | Record Position | Layout/Code Set |
|---|---|---|---|---|
| M | Transaction Type | 2 | 1 | U2 |
| M | Hospital Code | 3 | 3 | NNN |
| 1 | *End of Month Statistics YTD and Total Patient days: Private Hospitals, Day Procedure Centres Only* | | | |
| | *Private - Acute* | | | |
| | YTD Separations | 5 | 6 | NNNNN or spaces |
| | YTD Patient Days | 6 | 11 | NNNNNN or spaces |
| | Total Patient Days for YTD Separations | 6 | 17 | NNNNNN or spaces |
| | *Private - NHT* | | | |
| | YTD Separations | 5 | 23 | NNNNN or spaces |
| | YTD Patient Days | 6 | 28 | NNNNNN or spaces |
| | Total Patient Days for YTD Separations | 6 | 34 | NNNNNN or spaces |
| | *Compensable* | | | |
| | YTD Separations | 5 | 40 | NNNNN or spaces |
| | YTD Patient Days | 6 | 45 | NNNNNN or spaces |
| | Total Patient Days for YTD Separations | 6 | 51 | NNNNNN or spaces |
| | *Ineligible* | | | |
| | YTD Separations | 5 | 57 | NNNNN or spaces |
| | YTD Patient Days | 6 | 62 | NNNNNN or spaces |
| | Total Patient Days for YTD Separations | 6 | 68 | NNNNNN or spaces |
| | *Public - Under Contract* | | | |
| | YTD Separations | 5 | 74 | NNNNN or spaces |
| | YTD Patient Days | 6 | 79 | NNNNNN or spaces |
| | Total Patient Days for YTD Separations | 6 | 85 | NNNNNN or spaces |
| | Filler | 17 | 91 | Zeros or spaces |
| | *Same Day Separations* | | | |
| | YTD Private - Same Day | 5 | 108 | NNNNN or spaces |
| | YTD Compensable - Same Day | 5 | 113 | NNNNN or spaces |
| | YTD Ineligible - Same Day | 5 | 118 | NNNNN or spaces |
| | YTD Public - Under Contract - Same Day | 5 | 123 | NNNNN or spaces |
| | Filler | 113 | 128 | Zeros or spaces |
| | | Total 240 | | |

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

M Mandatory

1 Mandatory in transmissions with end of month file date

*Reporting guide*

**Data Items**

***Transaction Type***

The value identifying this trailer record is 'U2'.

***Hospital Code***

The recognised Hospital Code for the transmitting hospital (NNN).

Refer to: Section 9 'Hospital Code Table'

END OF MONTH FINANCIAL YEAR-TO-DATE, AND TOTAL PATIENT DAYS STATISTICS

Optional. If not transmitting these data, transmit spaces.

***Private – Acute – YTD Separations***

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

***Private – Acute – YTD Patient Days***

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

***Private – Acute – Total Patient Days for YTD Separations***

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

***Private – NHT – YTD Separations***

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

***Private – NHT – YTD Patient Days***

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

***Private – NHT – Total Patient Days for YTD Separations***

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

***Compensable – YTD Separations***

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

***Compensable – YTD Patient Days***

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

***Compensable – Total Patient Days for YTD Separations***

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

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

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

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

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

***Public – Under Contract – YTD Patient Days***
Total public under contract patient days in the financial year of Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

***Public – Under Contract – Total Patient Days for YTD Separations***
Total public under contract patient days for separations in the financial year of the Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

***Filler***
Spaces must be reported in this field (field not presently in use).

SAME DAY SEPARATIONS

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

***YTD – Private – Same Day***
Total separations of private (including DVA) same day patients in the financial year of Header Record End Date (or month-to-date).

***YTD – Compensable – Same Day***
Total separations of compensable same day patients in the financial year of Header Record End Date (or month-to-date).

***YTD – Ineligible – Same Day***
Total separations of ineligible same day patients in the financial year of Header Record End Date (or month-to-date).

***YTD – Public Under Contract – Same Day***
Total separations of public under contract same day patients in the financial year of Header Record End Date (or month-to-date).

***Filler***
Spaces must be reported in this field (field not presently in use).

# Trailer Record 2: Public Hospitals

## Trailer Record 2: Public Hospitals File Structure

| Note | Data Item | Field Size | Record Position | Layout/Code Set |
|---|---|---|---|---|
| M | Transaction Type | 2 | 1 | U2 |
| M | Hospital Code | 3 | 3 | NNN |
| 1 | *End of Month Statistics YTD and Total Patient days: Public Hospitals Only* | | | |
| | *Public – Acute* | | | |
| | YTD Separations | 5 | 6 | NNNNN or spaces |
| | YTD Patient Days | 6 | 11 | NNNNNN or spaces |
| | Total Patient Days for YTD Separations | 6 | 17 | NNNNNN or spaces |
| | *Private - Acute* | | | |
| | YTD Separations | 5 | 23 | NNNNN or spaces |
| | YTD Patient Days | 6 | 28 | NNNNNN or spaces |
| | Total Patient Days for YTD Separations | 6 | 34 | NNNNNN or spaces |
| | *Compensable - Acute* | | | |
| | YTD Separations | 5 | 40 | NNNNN or spaces |
| | YTD Patient Days | 6 | 45 | NNNNNN or spaces |
| | Total Patient Days for YTD Separations | 6 | 51 | NNNNNN or spaces |
| | *Ineligible - Acute* | | | |
| | YTD Separations | 5 | 57 | NNNN or spaces |
| | YTD Patient Days | 6 | 62 | NNNNNN or spaces |
| | Total Patient Days for YTD Separations | 6 | 68 | NNNNNN or spaces |
| | *Public — NHT NH5* | | | |
| | YTD Separations | 5 | 74 | NNNNN or spaces |
| | YTD Patient Days | 6 | 79 | NNNNNN or spaces |
| | Total Patient Days for YTD Separations | 6 | 85 | NNNNNN or spaces |
| | *Public — NHT Non NH5* | | | |
| | YTD Separations | 5 | 91 | NNNNN or spaces |
| | YTD Patient Days | 6 | 96 | NNNNNN or spaces |
| | Total Patient Days for YTD Separations | 6 | 102 | NNNNNN or spaces |
| | *Private — NHT NH5* | | | |
| | YTD Separations | 5 | 108 | NNNNN or spaces |
| | YTD Patient Days | 6 | 113 | NNNNNN or spaces |
| | Total Patient Days for YTD Separations | 6 | 119 | NNNNNN or spaces |
| | *Private — NHT Non NH5* | | | |
| | YTD Separations | 5 | 125 | NNNNN or spaces |
| | YTD Patient Days | 6 | 130 | NNNNNN or spaces |
| | Total Patient Days for YTD Separations | 6 | 136 | NNNNNN or spaces |
| | *Compensable — Non-Acute* | | | |
| | YTD Separations | 5 | 142 | NNNNN or spaces |
| | YTD Patient Days | 6 | 147 | NNNNNN or spaces |
| | Total Patient Days for YTD Separations | 6 | 153 | NNNNNN or spaces |

| Note | Data Item | Field Size | Record Position | Layout/Code Set |
|---|---|---|---|---|
| | *Ineligible — Non-Acute* | | | |
| | YTD Separations | 5 | 159 | NNNNN or spaces |
| | YTD Patient Days | 6 | 164 | NNNNNN or spaces |
| | Total Patient Days for YTD Separations | 6 | 170 | NNNNNN or spaces |
| | *Same Day Separations* | | | |
| | YTD Public — Same Day | 5 | 176 | NNNNN or spaces |
| | YTD Private — Same Day | 5 | 181 | NNNNN or spaces |
| | YTD Compensable — Same Day | 5 | 186 | NNNNN or spaces |
| | YTD Ineligible — Same Day | 5 | 191 | NNNNN or spaces |
| | *Unqualified Newborns* | | | |
| | Number of Entirely Unqualified Episodes | 4 | 196 | NNNN or spaces |
| | Number of Unqualified Days | 5 | 200 | NNNNN or spaces |
| | Filler | 36 | 205 | Spaces |
| | | Total 240 | | |

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

M Mandatory

1 Mandatory in transmissions with end of month file date

***Reporting guide***

**Data Items**

***Transaction Type***

The value identifying this trailer record is 'U2'.

***Hospital Code***

The recognised Hospital Code for the transmitting hospital (NNN).

Refer to: Section 9 'Hospital Code Table'

END OF MONTH FINANCIAL YEAR-TO-DATE, AND TOTAL PATIENT DAYS STATISTICS

Optional. If not transmitting these data, transmit spaces.

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

- Entire episodes during which a newborn was unqualified are not reported to the Commonwealth and are therefore to be reported *only* on the line Unqualified Newborns.
- If an episode of a qualified newborn includes any days when the newborn was unqualified, those unqualified days are also to be reported *only* on the line Unqualified Newborns.
- Entirely unqualified episodes and unqualified bed days are however, reported in separate fields at the conclusion of the U2, to allow U2 figures to be reconciled with those in Summary Statistics MTD, YTD segments of the T2.
- Newborn episodes are unlikely to occur in some of the Account Classes.

***Public – Acute – YTD Separations***

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

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

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

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

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

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

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

***Compensable – YTD Acute Patient Days***
Total compensable acute patient days in the financial year of Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

***Compensable – Acute – Total Patient Days for YTD Separations***
Total compensable acute patient days for separations in the financial year of the Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

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

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

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

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

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

***Public – NHT NH5 – Total Patient Days For YTD Separations***
Total public NHT NH5 patient days for separations in the financial year of the Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

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

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

***Public – NHT Non NH5 – Total Patient Days For YTD Separations***
Total public NHT non NH5 patient days for separations in the financial year of the Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

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

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

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

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

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

***Private – NHT Non NH5 – Total Patient Days For YTD Separations***
Total private NHT non NH5 (including DVA NHT non NH5) patient days for separations in the financial year of the Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

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

***Compensable – Non-Acute – YTD Patient Days***
Total compensable non-acute patient days in the financial year of Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.
***Compensable – Non-Acute – Total Patient Days For YTD Separations***
Total compensable non-acute patient days for separations in the financial year of the Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

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

***Ineligible – Non-Acute – YTD Patient Days***
Total ineligible non-acute patient days in the financial year of Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

***Ineligible – Non-Acute – Total Patient Days For YTD Separations***
Total ineligible non-acute patient days for separations in the financial year of the Header Record End Date (or financial year-to-date). Includes patient days incurred by same day patients.

SAME DAY SEPARATIONS

Separations counted in the following *Same Day* fields are also to be included in the End of Month Separations field of the respective account category, as listed above. (Follow the same logic when counting same day newborn episodes and patient days, as applied when counting Year-To-Date newborn episodes; include)

***YTD – Public – Same Day***
Total separations of public same day patients (including public same day patients under contract) in the financial year of Header Record End Date. Includes same day separations of qualified newborns.

***YTD – Private – Same Day***
Total separations of private same day patients (including DVA, and private and DVA same day patients under contract) in the financial year of Header Record End Date. Includes same day separations of qualified newborns.

***YTD – Compensable – Same Day***
Total separations of compensable same day patients in the financial year of Header Record End Date.

***YTD – Ineligible – Same Day***
Total separations of ineligible same day patients in the financial year of Header Record End Date. Includes same day separations of qualified newborns.

UNQUALIFIED EPISODES AND DAYS

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

***Number Of Entirely Unqualified Episodes***
Total number of Unqualified newborn episodes in the financial year of Header Record End Date where, for the entire duration of the stay, the newborn was classed as Unqualified.

***Number Of Unqualified Days***
Total number of Unqualified newborn days in the financial year of Header Record End Date. Includes Unqualified newborn days in episodes where newborn is classed as Unqualified for entire duration of stay, and Unqualified newborn days in episodes where, for a period of the stay, the newborn was classed as Qualified.

***Filler***
Spaces must be reported in this field (field not presently in use).

# Data Transmission Scheduling

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

**Metropolitan Health Services, hospitals and Multi-Purpose Services**

The following information is taken from *Victoria-Public Hospitals and Mental Health Services Policy and Funding Guidelines 2005-2006* in General Conditions of Funding.

**6.5 Transmission of admitted patient data**

6.5.1 The hospital will transmit data to the VAED via PRS/2 according to the timelines detailed in clauses 6.5.1. (a) and 6.5.1(b).

(a) Admission and separation details for any month are to be transmitted in time for the VAED file consolidation on the 17th day of the following month (see (d) below for processing schedule).

(b) Diagnosis and procedure and sub-acute details in any month are to be transmitted in time for the VAED file consolidation on the 17th day of the second month following (see (d) below for processing schedule).

(c) Data for the financial year should be completed in time for the VAED file consolidation on 17 August 2006. Any corrections must be transmitted before finalisation of the VAED database on 17 September 2006.

(d) It is the hospital's responsibility to ensure that data are transmitted to the VAED to meet the processing schedule for inclusion in the Mantrack file consolidation on the 17th of each month**.** VAED data (sent electronically) must be received by 5pm on the 17th of each month, regardless of the actual day of the week. VAED (sent by disc) must be received by 12pm (noon) on the last working day on or before the 17th of the month.

(e) WIES12, multi-purpose service and sub-acute payments will be:

- fully paid for data originally submitted in accordance with the deadlines specified in clauses 6.5.1.(a) and 6.5.1(b) above, even if data is subsequently amended; or
- paid at a reduced rate (50 per cent), or not recognised for payment, according to Schedules 1 and 2 located at the end of this section if the data has not been submitted in accordance with either deadline specified in clauses 6.5.1(a) and 6.5.1(b) above; or
- not recognised for payment, if data has not been submitted in accordance with both deadlines specified in clauses 6.5.1(a) and 6.5.1(b) above.

This clause applies to all account classes including DVA.

(f) If difficulties are anticipated in meeting the relevant data transmission timeframes for either admission and separation data, or diagnosis and procedure details, the Metropolitan Health Service, hospital or MPS must write to the department, indicating the nature of the difficulties, remedial action being taken, and the expected transmission schedule. Exemptions for one-off late submission of data will generally only be considered for computer system problems that are beyond the control of the Metropolitan Health Service, hospital or MPS. (Metropolitan Health Services, hospitals or MPSs undertaking the PRS/2 data submission testing process are automatically exempted). Exemptions for late submission of admission and separation data will also be considered for staffing problems that are beyond the control of small rural hospitals and MPSs. Exemptions for late submission of admission and separation data will be automatically granted to hospitals or MPSs maintaining a consistently high level of timely data submission.

**6.10 Patient Data**

6.10.1 The Metropolitan Health Service, hospital or SRHS will provide sufficient access to data and records to allow an audit of patient records, patient coding and data transmitted to the VAED.

6.10.2 If the audit shows a difference in assignment of DRGs and/or other data items that alter the allocation of WIES, or that patients fail to meet admission criteria, then the number of weighted inlier equivalent separations and/or throughput payments to the Metropolitan Health Service, hospital or SRHS may be adjusted to take account of those differences.

6.10.3 Where the audit indicates that a Metropolitan Health Service, hospital or SRHS has been consistently erroneous in the application of admission criteria and/or coding standards, the department will adjust or suspend the relevant throughput payments until such time as the issue is resolved to the satisfaction

of the department.

6.10.4 The department also reserves the right to undertake supplementary audits to confirm an issue and/or monitor improvement; the cost of which is to be borne by the Metropolitan Health Service, hospital or SRHS.

6.10.5 Access to data and records for interstate patients transmitted to the VAED will also be required should State or Territory Health Authorities request an independent audit to verify information on DRG weighted separations.

6.10.6 The Metropolitan Health Service, hospital or MPS will also provide sufficient access to data and records to allow an audit of patient records and data transmitted via AIMS as part of the Victorian Ambulatory Classification System (VACS).

6.10.7 Access to data and records for emergency department patients and persons on waiting lists will also be required should this department or the Commonwealth require an audit to verify information used for funding calculations either at the hospital or State level.

6.10.8 The department will have access to patient level cost data and to patient level data transmitted to the VAED, VEMD, and ESIS.

**Private hospitals**

Private hospitals are expected to adhere to the same timelines as public hospitals (indicated above).

A hospital may transmit data to the VAED as frequently as desired, and must meet requirements set out below.

## Schedule 1

## Timelines for the Receipt of Admission and Separations Details (E2)

### VAED Consolidation Date

| Month of Separation 2005-06 | 17 Aug | 17 Sept | 17 Oct | 17 Nov | 17 Dec | 17 Jan | 17 Feb |
|---|---|---|---|---|---|---|---|
| July | Full Rate | Half Rate | Nil | Nil | Nil | Nil | Nil |
| August | | Full Rate | Half Rate | Nil | Nil | Nil | Nil |
| September | | | Full Rate | Half Rate | Nil | Nil | Nil |
| October | | | | Full Rate | Half Rate | Nil | Nil |
| November | | | | | Full Rate | Half Rate | Nil |
| December | | | | | | Full Rate | Half Rate |
| January | | | | | | | Full Rate |

### VAED Consolidation Date

| Month of Separation 2005-06 | 17 Mar | 17 Apr | 17 May | 17 Jun | 17 Jul | 17 Aug | 17 Sep |
|---|---|---|---|---|---|---|---|
| December | Nil | Nil | Nil | Nil | Nil | Nil | Nil |
| January | Half Rate | Nil | Nil | Nil | Nil | Nil | Nil |
| February | Full Rate | Half Rate | Nil | Nil | Nil | Nil | Nil |
| March | | Full Rate | Half Rate | Nil | Nil | Nil | Nil |
| April | | | Full Rate | Half Rate | Nil | Nil | Nil |
| May | | | | Full Rate | Half Rate | Nil | Nil |
| June | | | | | Full Rate | Half Rate | Nil |

**Schedule 2**

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

### VAED Consolidation Date

| Month of Separation 2005-06 | 17 Sept | 17 Oct | 17 Nov | 17 Dec | 17 Jan | 17 Feb | 17 Mar |
|---|---|---|---|---|---|---|---|
| July | Full Rate | Half Rate | Nil | Nil | Nil | Nil | Nil |
| August | | Full Rate | Half Rate | Nil | Nil | Nil | Nil |
| September | | | Full Rate | Half Rate | Nil | Nil | Nil |
| October | | | | Full Rate | Half Rate | Nil | Nil |
| November | | | | | Full Rate | Half Rate | Nil |
| December | | | | | | Full Rate | Half Rate |

### VAED Consolidation Date

| Month of Separation 2005-06 | 17 Mar | 17 Apr | 17 May | 17 Jun | 17 Jul | 17 Aug | 17 Sep |
|---|---|---|---|---|---|---|---|
| December | Half Rate | Nil | Nil | Nil | Nil | | |
| January | Full Rate | Half Rate | Nil | Nil | Nil | Nil | Nil |
| February | | Full Rate | Half Rate | Nil | Nil | Nil | Nil |
| March | | | Full Rate | Half Rate | Nil | Nil | Nil |
| April | | | | Full Rate | Half Rate | Nil | Nil |
| May | | | | | Full Rate | Half Rate | Nil |
| June | | | | | | Full Rate | Half Rate |

It should be noted that episodes which are deleted and re-submitted on new Unique Keys may be considered late for the purpose of applying late diagnosis or sub-acute submission penalties if the new episode is not submitted within timelines. If the original record was received within submission timelines, hospitals must provide HDSS with both the original and new Unique Keys so that late penalties will not be applied.

# *PRS/2 Interfacing: Technical Specifications*

## Transmission Modes

Transmission files may be sent via disk or electronically.

Files may be sent on 3.5” floppy disks. Only one file can be sent per disk. If sending multiple files they must be on separate disks. Disks must be clearly labelled externally. The following information is suggested for the label:

- Hospital Name
- Hospital Code
- System name (PRS/2)
- “Test” or “Live” data
- Header dates of file
- Contact name and phone number.

Files can be sent electronically via modem or ISDN line, using any FTP facility (File Transfer Protocol) or RASTAS (a software package developed and distributed by Mantrack Systems). Contact RAPID Support staff at Mantrack Systems for further information.

# Data Transmission Standards

Data must be transmitted in ASCII CR/LF delimited files generated by hospital management systems.

If transmitting electronically, the hospital must copy the file to the correct Data Type. At a DOS prompt, “copy HHHCnnnn.XMT PRS2” will create a copy of the XMT file and call it PRS2. If renaming the file via Windows Explorer, ensure that the “.XMT” extension is removed from the file.

If the file is a test only, it is copied as above but must be called “PRS2TEST”. The “.XMT” extension must be removed.

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

The label HHHCnnn.XMT comprises:

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

Notes:

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

| | |
|---|---|
| MMYY | Month and year of header dates (if one transmission per month) |
| DDMM | Day and month of header dates |
| MMDD | Month and day of header dates |

# Method for Reporting 'Remaining Ins' on 30 June 2005

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 2005, 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 2005:

- File transmissions with header dates prior to 1 July 2005 must contain records using the 2004-05 format/values.
- File transmissions with header dates of 1 July 2005 and beyond must contain records using the 2005–06 format/values.
- File transmissions with header dates of 1 July 2005 and beyond may contain records of patients separated prior to 1 July 2005 which must use the 2004-05 format/values.
- File transmissions with header dates of 1 July 2005 and beyond may contain records of unseparated patients (those remaining in on 30 June 2005); which must use 2005–06 format/values.

***Specific Rules: E2 (Episode Record)***

- An Episode Record (E2) for patients remaining in hospital on 30 June 2005 must be transmitted by the final June 2005 data transmission. This Episode Record must use the PRS/2 format/values applying for 2004-05, 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 2005-06 code set/edits.

***Important notes***

The PRS/2 logic means that for *episodes admitted on or before 30 June 2005*, and *separated on or after 1 July 2005,* applicable episodes will need to capture the Palliative Care Patient Days data item.

Patients who remain admitted under Care Type J *Rehabilitation In The Home* (RITH) on 30 June 2005 should be separated that day (as from 1 July 2005, these episodes will not be in the scope of the VAED).

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 for patients who are remaining in on 30 June 2005. The action required will vary according to the information already collected from/about patients, and the in-house system capabilities at each hospital.