

***Section 10:  
PRS/2 Testing***



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# ***Introduction***

This section provides information to sites undertaking the PRS/2 testing process; from the initial stage of testing preparation through to reconciliation and transmitting live to PRS/2.

## ***When PRS/2 testing is necessary***

The transmission of test data to PRS/2 is necessary when a hospital or day procedure centre:

- Is a newly registered site.
- Changes patient management system software.
- Recommences transmission after a break where data will not be recovered (that is, a site's data had not reached 30th June when the year's file was closed on the 17th September).

## ***Why PRS/2 testing is necessary***

PRS/2 testing seeks to ensure that:

- The PRS/2 interface is functioning correctly.
- The site's in-house system is correctly calculating patient days and leave days.
- Totals reported in Trailer Records are correct so the hospital or day procedure centre can reconcile in-house and PRS/2 totals.
- Only quality data are reported to the VAED.

## ***What period of data is subject to testing?***

Unless otherwise agreed with HDSS, two consecutive months of data in the same financial year are sent for processing on the PRS/2 test system. Each month must include all admission and separation details, including E4 episode records, S4 Sub-Acute records (if applicable), V4 DVA/TAC records (if applicable), and at least 85% of X4 Diagnosis records.

## ***Facilities Manager Testing Charges***

In some cases the Facilities Manager charges a fee for testing. Whether or not a fee is charged depends on the reason for testing. To obtain details of any charges, hospitals are advised to contact the Facilities Manager on (03) 9541 7575 or [Help\\_Desk@thepayoffice.net](mailto:Help_Desk@thepayoffice.net).

## ***Aggregate Admitted Patient Collection***

Hospitals unable to submit patient level data to PRS/2 are required to submit selected aggregate data to the department during the testing process as an interim measure until the transmission of patient level data commences/resumes on the VAED. The interim aggregate returns are submitted via the AIMS Online Entry System.

Public hospitals are required to submit:

- Total separations and total patient days by Care Type
- Total separations eligible for WIES funding and total WIES by Admission Source

Private hospitals and day procedure centres are required to submit:

- Total separations, patient days and same day separations by patient type (same format as the discontinued P1 return)

Further information is provided on the AIMS website at: <http://www.health.vic.gov.au/aims/> or the AIMS Help Desk on (03) 9096 8595.

Timelines for submission of the returns are the same as existing VAED timelines.

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# Site Testing: Process Outline

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The following steps outline the actions required by the testing site.

1. Select an appropriate software supplier to meet the specifications outlined in the VAED Manual, as well as any internal requirements (refer to page 10-3).
2. Notify HDSS of the site's intention to test (refer to page 10-3). As a result:
  - A HDSS Liaison will be appointed to support the site through the testing process.
  - HDSS will notify the Facilities Manager of the site's intention to test (and also the Rural and Regional Health and Aged Care Services Division for public rural and regional sites).
  - The Facilities Manager will configure the site on the PRS/2 Test System.
3. Plan a testing timetable (refer to page 10-7)
4. Check system mapping and derivation to ensure all code sets are the same as, or can be mapped to, the VAED specifications (refer to page 10-5).
5. Compile a test transmission of the first month's data and send to the Facilities Manager:
  - The data is processed on the test system and sends Control Reports to the site and HDSS.
  - HDSS and the site review the Control Report (refer to page 10-7).
6. The site and HDSS reconcile the report. The HDSS Liaison person will advise the site whether or not the data is approved.
  - If the first month of data is not approved, the data must be corrected, re-compiled and re-transmitted for testing again. Step 5 is repeated until the data is approved.
  - When the first month's data are of an acceptable standard, the HDSS Liaison advises the site and the Facilities Manager, and permission is given to commence testing the second month of data.
  - The site sets aside the approved month's data for later transmission to the live system.
7. Repeat steps 5 to 6 for the second month of data. When the second month of data is of an acceptable standard, permission is given to transmit live data to PRS/2 and the HDSS Liaison advises the site and the Facilities Manager.
8. The site re-transmits the two accepted months of test data for processing on the production system.

# Details of the Testing Process

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## Selecting a Software Supplier

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Software should have, or the supplier should be capable of developing, a PRS/2 interface that meets the specifications detailed in the VAED Manual. Refer to Section 1: *Software Selection and Minimum Features* for a list of minimum features that the software should comprise.

It is recommended that in-house software apply the same edits as the PRS/2 system. Not all edits detailed in the VAED Manual are applicable to every site transmitting to PRS/2, however, edits that will be applied to a specific site should be incorporated into the in-house system. This will help hospitals to enter and send the correct data rather than having to fix errors generated during processing.

- For valid code sets and field formats, see Sections 3: *Data Definitions* and 5: *Compilation and Transmission*.
  - For valid combinations of code sets and edit messages, see Sections 4: *Business Rules* and 8: *Editing*.
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## Notifying Intention to Undertake PRS/2 Testing

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To notify the department of the intention to undertake PRS/2 testing complete the notification form (page 10-9) and fax it to the HDSS Help Desk on (03) 9096 7743. HDSS will notify the Facilities Manager of your intention to test PRS/2 data.

HDSS will provide a site code (for a newly registered site) if this has not already been allocated.

A HDSS Liaison will be appointed to assist the site through the testing process. All contact regarding PRS/2 testing should be conducted through this person.

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## Planning a Timetable

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It is recommended that sites plan a timetable that will enable them to meet reporting timeframes, as detailed in *Victoria-Public Hospitals and Mental Health Services Policy and Funding Guidelines Conditions of Funding 'Transmission of Admitted Patient Data'*. Some exemptions to the reporting timeframes do apply, during, and for a period after the testing process is completed (see Exemptions, page 10-8).

The testing timetable varies according to the mode of transmission (disk/electronic transmission), processing times, postage time and additional days for weekends and public holidays.

Factors that may impact on test scenarios include:

- For test runs, the Facilities Manager will try to provide prompt processing but cannot guarantee less than five working days.
- Delays in test run processing can be expected in the week before the monthly consolidation of data on the 17th of each month when many facilities are aiming to meet these deadlines.

- To reduce turnaround time, using Express Post when sending data via disk is recommended.
- Once approval has been given to transmit to the live system, at least two working days will be required to set up your site in the live system.

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## Important Points to Consider when Changing Software

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Hospitals changing software must ensure that the Unique Keys used by the new software are not re-set to start from a number lower than the highest number used by your existing software. For example, if the last Unique Key allocated on your existing software is 000231144, your new software must allocate a Unique Key of 000231145 or higher. If Unique Keys are re-used they may overwrite existing data on the PRS/2 database, effectively deleting the data originally sent.

Deletion records must be sent for all episodes for patients remaining-in on the date the new software comes into effect, using the existing Unique Key and Patient Identifier (UR Number). Records must be re-submitted using your new software with the original Admission Dates and details. If this is not done, episodes will remain unseparated on the PRS/2 database and will continue to accrue bed days, skewing the length of stay statistics. In most cases, deletions will need to be sent from the existing software before this is decommissioned, as new software may be unable to generate Unique Keys in the same format as the existing system.

If records transmitted on the previous software or software version have now been allocated new Unique Keys and/or UR Numbers and are transmitted again to PRS/2, the records will appear 'NEW', i.e. PRS/2 will not recognise them as the same records and will treat them as an entirely new records, effectively duplicating all records sent again on new numbers. The hospital and/or software vendor must determine an effective method of handling these records to ensure they are not duplicated on the VAED.

For services merging campuses and PMI's, potential issues that may arise will depend on the existing and proposed environments:

- If both campuses already have a common PMI, then reporting via one transmission file to PRS/2 should not present any problems as there is no possibility of overlapping Patient Identifiers or Unique Keys.
- If campuses with separate PMIs plan to merge Campus B into Campus A and report via one transmission file under Campus A's hospital code, the Patient Identifiers and Unique Keys reported by Campus B must not have already been reported by Campus A. If Campus B reports an episode for a readmitted Campus B patient, the Patient Identifier may have already been used by Campus A for a different patient. Therefore the patient should be allocated a new Patient Identifier that is either higher than the last number allocated by Campus A (and the old Patient Identifier merged to the new one) or in a format unique to Campus B, for example, the addition of an alpha character such as B000123456.

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# Checking System Mapping and Derivation

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Some patient management systems do not always implement the VAED code sets (as displayed in the example below). This is acceptable, provided the hospital ensures that all code sets used by the in-house system are correctly mapped to the VAED code sets. A correct mapping is one where the meaning of all the in-house codes being mapped falls within the definition of the VAED code to which they are being mapped.

Examples:

Sex Data Item code set (one to one mapping)

	<b>In-house system Codeset</b>	<b>PRS/2 and VAED Codeset</b>
Male	M	1
Female	F	2

Accommodation Type Data Item code set (many to one mapping)

<b>In-house system: Data item of Ward</b>	<b>PRS/2 and VAED Codeset: Accommodation Type</b>
ED (Emergency Department)	6 (Emergency Department Accommodation)
DIAL (Dialysis Unit)	3 (Same Day Accommodation)
ONC (Oncology Day Procedure Unit)	3 (Same Day Accommodation)
SCN (Special Care Nursery)	C (Nursery Accommodation: NICU/SCN)
MED1 (Medical Unit 1)	1 (Overnight accommodation: shared room)
SURG1 (Surgical Unit 1)	1 (Overnight accommodation: shared room)

Clinical Sub-Program Data Item code set (derived from more than one data item)

<b>Scenario</b>	<b>Derivation system</b>
If Care Type is 2, 6, or 7, then...	The second Diagnosis Code is used to allocate a Clinical Sub-Program (ICD-10-AM Codes listed in groups in the system 'background')
If Care Type is not 2, 6, or 7, then...	Clinical Sub-Program is spaces

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# Compiling PRS/2 Test Transmissions

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Refer to Section 5 *Compilation and Transmission* for details of the required file structure.

## Period of data to be reported

For test files, header dates must be for the full month (unless otherwise agreed by the Department), that is, the Start/End Dates are equal to the first/last day of the month you are testing. Each admitted episode falling within the test month must be reported to the VAED, including Episode (E4) records, Sub-Acute (S4) and DVA/TAC (V4) records where appropriate. Diagnosis (X4/Y4) records for at least 85% of the separations for the test month must be included.

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## Sending Transmissions

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Transmission files may be sent via disk or electronically (refer to Section 5: *Transmission Modes*). If you send files electronically, the file must be named 'prs2test' so that it is automatically transferred to the test, rather than production, environment.

If you send files on disk, disks must be clearly marked as 'Test' and be addressed to 'RAPID Support'. Refer to Section 5: *Transmission Modes*, for instructions on how to label transmission disks. Following processing, test disks are returned in your own packaging, together with your report. If HDSS does not approve the data, the disk can be recycled. If HDSS does approve the data, put the disk aside for subsequent transmission to the live PRS/2 system. Ensure the data are backed up elsewhere.

The first month of data may need to be transmitted more than once before an acceptable standard is obtained. After sending a test transmission, do not send any more transmissions until you have been contacted by HDSS. If the test is rejected you will be instructed to re-send the same header dates after the issues identified have been rectified. If the first month's test has been accepted, you will be instructed to send the second month's test. When the second month's test is accepted, you will be given approval to send data to the production system.

When you have been granted approval to send to the production system, you will need to re-send the test transmissions that were accepted by HDSS so they can be processed on the 'live' system. It is the site's responsibility to retain the data files/disks for the two successful test transmissions for subsequent transmission to the live PRS/2 system.

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# Evaluating Test Transmissions

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A Transmission Control Report is generated when a transmission is processed by PRS/2. Two copies of the Report are produced when a transmission is run on the 'test' system. One will be forwarded to the site and one to HDSS.

The site should examine the report to ensure the data accurately reflects actual activity, including reconciling admissions, separations and bed days against in-house reports, confirming that code values and diagnosis and procedure codes are complete and accurate. The report displays all records transmitted, together with any edit messages that have been triggered. An edit message identification number will be displayed to the right of any record where PRS/2 detects a problem. Section 8: *Editing* provides full details of edit messages, problems, and remedies.

Note that the PRS/2 test environment has no historical data for your site. Therefore, some records may be rejected for reasons that may not prevent them from being accepted on the production system. For example, edit 499 Stat Admission: No Prev Episode may be generated if the previous episode was separated in a period prior to the testing period.

HDSS will also examine the test report and produce an evaluation report that will detail issues that must be rectified, together with possible remedies. HDSS assesses, among others, the following areas:

- Whether the code values reported are appropriate for the facility,
- Ensuring values are not defaulted (for example, Indigenous Status, Country of Birth),
- Checking reconciliation reports can be balanced,
- Checking Admission and Separation times are not 'rounded',
- Diagnosis and Procedure coding conforms with Australian Coding Standards, and codes used are appropriate for the facility.

The evaluation report is sent to the site.

# Exemptions from Transmission Deadlines following Testing

When a hospital is required to complete the PRS/2 testing process, the time involved may exceed the transmission deadlines specified by the Department. In these circumstances a period of exemption is granted for the applicable months of data.

Once the testing process for a site is completed, HDSS calculates the due dates for data submission. This process determines the period that a public site is exempt from data transmission penalties. HDSS will calculate this exemption period and include these details in the letter of notification to the hospital upon successful completion of PRS/2 testing. Public hospitals are subject to normal penalties if deadlines are not met for the months *outside* of those exempted by HDSS.

*Example:*

Months tested: August and September 2007

Testing finished: 15 February 2008

Month of data	Date due after test	Normal due date for diagnosis and sub-acute records	Exempt status
July (not tested)	Not applicable	17 September 2007	Not exempt
August	22 February 2008 (1 week after 15/02/2008)	17 October 2007	Exempt
September	01 March 2008	17 November 2007	Exempt
October	08 March 2008	17 December 2007	Exempt
November	15 March 2008	17 January 2008	Exempt
December	22 March 2008	17 February 2008	Exempt
January	29 March 2008	17 March 2008	Exempt
February	05 April 2008 is <i>before</i> the normal due date. Normal due dates apply from here on.	17 April 2008	Not exempt

## PRS/2 Interfacing: Technical Specifications

For information relating to technical specifications refer to Section 5: *Transmission Modes and Data Transmission Standards*.

To	<b>HDSS Help Desk</b> Department of Human Services
Fax	<b>(03) 9096 7743</b>
Date	
From	

## ***PRS/2 Testing Notification***

Please fax these details to notify Metropolitan Health and Aged Care Services, Department of Human Services, of any change to your site's method of transmission to the VAED.

### **Site Details**

Site name:	Campus code:
Telephone:	Fax:
CEO's name:	
Postal address:	
Email Address / Web site:	

### **Site PRS/2 Contact Details**

Name:	Job title:
Times for contact (eg days of work if part-time):	
Telephone:	Fax:
Email Address:	

### **Testing Details** *(Tick reason for PRS/2 testing)*

- Not currently transmitting to VAED
- Currently PRS/2; changing software supplier
- Did not complete previous years transmission

### **Transmission Details**

Software used in forthcoming transmission:
Date new software effective:
Proposed months of test data: and year
Test transmission medium: <input type="checkbox"/> Disk <input type="checkbox"/> Electronic transmission

## Issues for changing software

### Do not reset Unique Keys to 1:

Hospitals changing software must ensure that the Unique Keys used by the new software are not re-set to start from a number lower than the highest number used by your existing software.

### Deletion records for remaining-ins

Episodes for patients remaining-in on the date you start using your new software will require deletion. Deletion records must be sent using the existing Unique Key and Patient Identifier (UR Number) then re-submitted using your new software with the original Admission Dates and details.

### Merging / Separating Campuses

If the campus is merging with, or separating from another campus, you should contact DHS to discuss the reporting implications. Issues may arise depending upon whether the campuses transmit data in separate transmission files, and whether there is a shared PMI.

Is this campus merging with or separating from another campus?	<input type="checkbox"/> Merging <input type="checkbox"/> Separating <input type="checkbox"/> Neither
If merging, do the campuses currently share a PMI?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Which hospital code is the campus currently reporting under?	
Which hospital code will the campus be reporting under after the change?	

If you have any queries, contact the HDSS Help Desk

**Telephone:** (03) 9096 8141

**Email:** HDSS.Helpdesk@dhs.vic.gov.au

I have read the following in the VAED Manual Section 5 *PRS/2 Interfacing* and Section 10 *PRS/2 Testing*.

Yes       No

Signature:

\_\_\_\_\_

Name:

\_\_\_\_\_

### DHS use only:

Facilities Mgr notified (date):

DHS Units notified (date):

DHS Contact: