

Proposals for revisions to PRS/2  
and the Victorian Admitted  
Episodes Dataset (VAED) for  
1 July 2007

November 2006

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# Table of Contents

Executive Summary.....	5
Introduction .....	6
The VAED proposals consultation process.....	6
Orientation to this document.....	6
Abbreviations.....	7
Symbols.....	7
Proposed revisions/additions to data items .....	8
Proposal 1 – Replace ACCSS Country codeset with SACC Country.....	8
Country of Birth ( <i>Amended</i> ) .....	9
Proposal 2 – Replace current Preferred Language codeset with Australian Standard Classification of Languages (ASCL) Preferred Language codeset .....	10
Preferred Language ( <i>Amended</i> ) .....	11
Proposal 3 – Addition of new Spoke codes to identify dialysis activity performed at ‘satellite’ sites .....	13
Contract/Spoke Identifier ( <i>Amended</i> ) .....	14
Proposal 4 – Addition of Date of Birth Accuracy Flag .....	16
Date of Birth Accuracy Code ( <i>New</i> ).....	17
Date of Birth ( <i>Amended</i> ).....	19
Proposal 5 – Format of DVA Number .....	20
DVA ID / TAC Claim Number (Where Account Class is V- DVA) ( <i>Amended</i> ).....	21
Proposal 6 – Amend codeset for Level of Insurance and change data item name.....	23
Level of Insurance Hospital Insurance Status ( <i>Amended</i> ) .....	24
Health Insurance Fund ( <i>Amended</i> ) .....	26
Proposed revisions/additions to Business Rules (Tabular), and Edits .....	27
Business Rules.....	27
Proposal 2 Replace current Preferred Language codeset with Australian Standard Classification of Languages (ASCL) Preferred Language codeset .....	27
Interpreter Required and Preferred Language .....	27
Editing.....	28
Proposal 1 Replace ACCSS Country codeset with SACC Country codeset.....	28
069 Newborn From Overseas ( <i>Amended</i> ) .....	28
228 Unusual Birth Place ( <i>Amended</i> ).....	29
234 Aboriginal/Ts Island But Not Aust Born ( <i>Amended</i> ) .....	29
Proposal 2 Replace current Preferred Language codeset with Australian Standard Classification of Languages (ASCL) Preferred Language codeset .....	30
513 Indigenous Status/Preferred Language Mismatch ( <i>Amended</i> ) .....	30
514 Language is Unspecified ( <i>Amended</i> ) .....	31
Proposal 3 Addition of new Spoke codes to identify dialysis activity performed at ‘satellite’ sites .....	31
630 Contract/Spoke Identifier cannot be reported for this campus ( <i>New</i> ) .....	31
Proposal 4 Addition of Date of Birth Accuracy code .....	32
631 Invalid Date of Birth Accuracy code ( <i>New</i> ) .....	32
Proposal 6 Amend codeset for Level of Insurance and change item name .....	32
313 No Fund But Insured ( <i>Amended</i> ).....	32
314 Fund But Uninsured ( <i>Amended</i> ) .....	33
<del>315 Fund But Insurance Unknown (<i>Deleted</i>) .....</del>	<del>33</del>
Proposed Revisions in Record Structures.....	34
Episode Record.....	34
Changes Outside the Proposals Process .....	38
Diagnosis Outstanding Report to become a Control Report.....	38
Reporting Option Changes.....	38
WIES Values for Each Episode .....	38
Admission weight.....	39
Admission Weight ( <i>Amended</i> ).....	39

Edit 232    Possible coding or sequencing problem.....	40
End of Financial Year Considerations .....	41
Method for Reporting 'Remaining Ins' on 30 June 2007 .....	41
Test Transmissions of New 1 July 2007 Software .....	42
Appendix: Feedback Proforma .....	43

## Executive Summary

Each year the Department of Human Services (DHS) reviews the data elements and format of PRS/2 and the Victorian Admitted Episodes Dataset (VAED). This review seeks to ensure that the admitted patient collection supports the Department's state and national reporting obligations, assists DHS planning and policy development, and incorporates appropriate feedback from data providers on improvements.

This document has been produced to invite comment and stimulate discussion on the proposals outlined below. If you would like to comment on any of the proposals, please see the introduction section on how to do so.

In order to be accepted into the VAED proposals need to demonstrate clear business justification and be fully costed, meaning funding streams will need to be identified and confirmed. Final acceptance of all proposals is dependent on the Executive Director, Metropolitan Health and Aged Care Services (based upon recommendations by the Data Management Advisory Committee (DMAC)).

For further information on the revisions process and timetable contact the HDSS Help Desk on 9096 8141.

The proposed revisions for the Victorian Admitted Episodes Dataset (VAED) for 1 July 2007 are summarised below. They include (but are not limited to) the:

1. Replacement of ACCSS Country of Birth codeset with SACC Country of Birth codeset.
2. Replacement of current Preferred Language codeset with Australian Standard Classification of Languages (ASCL) codeset.
3. Addition of new Spoke codes to identify dialysis activity performed at 'satellite' sites.
4. Addition of Date of Birth Accuracy Flag.
5. Amendment to DVA number format.
6. Amend codeset for Level of Insurance and change data item name.

# Introduction

## The VAED proposals consultation process

Each year the Department of Human Services (DHS) reviews the data elements and format of PRS/2 and the Victorian Admitted Episodes Dataset (VAED). This review seeks to ensure that the admitted patient collection supports the Department's state and national reporting obligations, assists DHS planning and policy development, and incorporates appropriate feedback from data providers on improvements.

The Proposal document is being distributed to all Victorian hospitals, to patient management system suppliers known to have Victorian clients, and to a range of industry bodies. It outlines *proposals* for changes to PRS/2 and the VAED as at the time of its release in November 2006. This should not be regarded as a complete list of changes to be made for 2007–08. Items in this publication are not guaranteed to change or to change in the form suggested here; nor does the absence of an item from this publication indicate it will not change from 1 July 2007. Confirmed changes will be published in the document '*Specification for Revisions to PRS/2 and the VAED for 1 July 2007*', expected to be published in February 2007.

It is expected that release of these proposals will stimulate discussion within the health industry.

**Prompt feedback is sought on these proposals.** Hospitals and software suppliers should review this document and assess the feasibility of the proposals. All are invited to provide written feedback to DHS by completing the proforma provided as an Appendix to this document, and forwarding it to HDSS as indicated **by 18 December 2006**. Copies of the proforma may also be obtained from the HDSS web site located at <http://www.health.vic.gov.au/hdss>.

Please note that there will be no HDSS forum this year. Anyone with queries or concerns regarding the proposals is welcome to discuss the proposal with Health Data Standards and Systems.

## Orientation to this document

As this document provides 'proposals' for revisions, there are a few features that require explanation:

- New values and definitions relating to existing items appear in boxes
- ~~Redundant values and definitions relating to existing items are struck through.~~
- *[Comments relating to the proposal document only appear in square brackets and italics.]*
- Page numbers representing cross referencing to another section of the VAED Manual are represented by a #.
- Edits that are proposed to change are marked when listed as part of a Data Item or after an Edit Table with a \* after the edit number. New proposed edits will be shown with an edit number of ###.
- The text is divided into the categories of 'Specification' and 'Administration' as presented in the *Victorian Admitted Episodes Dataset (VAED 15<sup>th</sup> Edition, 1 July 2007)*.
  - Specification:* details the reporting requirements for the item.
  - Administration:* provides additional information including the purpose of the collection of the data item and the source of the code set and definitions.
- Further information such as the background to each proposal is provided.

## Abbreviations

ABS	Australian Bureau of Statistics
ACAS	Aged Care Assessment Service
ACHI	Australian Classification of Health Interventions
AHCA	Australian Health Care Agreement
AIHW	Australian Institute of Health and Welfare
AIMS	Agency Information Management System
AR-DRG	Australian Refined Diagnosis Related Group
DHS	Department of Human Services
ERC	Expenditure Review Committee
HDSS	Health Data Standards and Systems
HITH	Hospital In The Home
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification
ICU	Intensive Care Unit
KHSU	Koori Human Services Unit
NHDD	National Health Data Dictionary
NICU	Neonatal Intensive Care Unit
NIV	Non-invasive Ventilation
NMDS	National Minimum Data Set
PRS/2	Patient Reporting System, Version 2
SCN	Special Care Nursery
VACCDI	Victorian Advisory Committee on Casemix Data Integrity
VAED	Victorian Admitted Episodes Dataset
VICC	Victorian ICD Coding Committee
WIES	Weighted inlier Equivalent Separations

## Symbols

<	Less than
>	Greater than
=	Equal to
≠	Not equal to
&	And

# Proposed revisions/additions to data items

## Proposal 1 – Replace ACCSS Country codeset with SACC Country

**It is proposed to** Replace the current ACCSS Country codeset with the NHDD SACC Country codeset for the date elements Country of Birth and Locality for persons usually resident overseas.

**Proposed by** Health Data Standards & Systems  
Funding Health and Information Policy  
Metropolitan Health and Aged Care Services  
Department of Human Services

**Implementation Date** 1 July 2007

**Background** This change will facilitate Commonwealth reporting requirements as currently Victoria uses a different codeset and values are required to be mapped to the SACC codeset.

The change will also bring the VAED into line with the NHDD and other DHS data collections, such as VINAH, and facilitate the implementation of HealthSmart.

Data users should be aware that state and territory codes (New South Wales, Victoria, Queensland, South Australia, Western Australia, Tasmania, Northern Territory, ACT, and Other Territories) are not included in the SACC codeset.

Like the ACCSS codeset, the SACC codeset uses a four-digit numeric code to represent countries. Many codes are duplicated between the two classifications but represent different countries. Therefore, HDSS will be undertaking a data quality analysis to identify services that have not updated their codeset prior to sending July 2007 data.

A list of SACC codes is available from the ABS website:

<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/2B4A0BA83F75658FCA25697E00184AC9?opendocument>

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# Country of Birth (*Amended*)

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## Specification

<b>Definition</b>	The country in which the person was born.		
<b>Datatype</b>	Numeric	<b>Form</b>	Code
<b>Field size</b>	4	<b>Layout</b>	NNNN
<b>Location</b>	Episode Record		
<b>Reported by</b>	All Victorian hospitals (public and private).		
<b>Reported for</b>	All admitted episodes of care.		
<b>Reported when</b>	The Episode Record is reported.		
<b>Code set</b>	Refer to Section 9: <i>Supplementary Code Lists</i> .		
<b>Reporting guide</b>	<del>Patients born in Australia should be reported under the State in which they were born: code 1100 <i>Australia not otherwise specified</i> should be used as a last resort, when no further details are available.</del>		
<b>Edits</b>	036 Invalid Country of Birth 069* Newborn From Overseas 228* Unusual Birth Place 234* Aboriginal/Ts Islander But Not Aust Born 392* Recip HCA Account, Not O/Seas Born 571* Acct Recip, Pcode Oseas, Locality not RHCA 574* Postcode Overseas, Locality RHCA, Acct not RHCA		
<b>Related items</b>	Section 9: <ul style="list-style-type: none"><li>Supplementary Code Lists <i>Country of Birth</i></li></ul>		

## Administration

<b>Purpose</b>	To facilitate epidemiological studies.		
<b>Principal data users</b>	Multiple internal and external data users.		
<b>Collection start</b>	1979-80		
<b>Definition source</b>	NHDD	<b>Code set source</b>	DHS NHDD SACC Country of Birth- DHS modified

## Proposal 2 – Replace current Preferred Language codeset with Australian Standard Classification of Languages (ASCL) Preferred Language codeset

**It is proposed to** Replace the current Preferred Language codeset with the ASCL Preferred Language codeset.

**Proposed by** Health Data Standards & Systems  
Funding Health and Information Policy  
Metropolitan Health and Aged Care Services  
Department of Human Services

**Implementation Date** 1 July 2007  
**Background**

The change will standardise the VAED with the NHDD and other DHS data collections, such as VINAH. It will facilitate the integration of data within HealthSmart.

The use of the ASCL classification is expected to resolve a number of data quality issues around recording of less frequently used languages in the current preferred language code set.

The ASCL codeset is available from the ABS website:

<http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/1267.02005-06?OpenDocument>

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# Preferred Language (*Amended*)

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## Specification

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

**Datatype** Numeric **Datatype** Code

**Field size** 2-4 **Layout** NN NNNN or spaces

**Location** Episode Record

**Reported by** Public hospitals (voluntary for private hospitals).

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

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

**Code set** See Section 9: Codes Lists: *Preferred Language*.

**Reporting guide** This information must:

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

The standard question is:

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

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

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

**07 8999 Other Australian Indigenous languages, nec**

*Includes:*

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

**98 9999 Not Stated**

*Includes:*

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

**Edits**

511	Invalid Preferred Language
513	Indigenous Status/Preferred Language Mismatch
514	Language is Unspecified
592	Invalid Comb Int Req/Pref Lang

**Related items** Section 3: *Country of Birth* page 3-9, *Indigenous Status* page 3-100, and *Interpreter Required* page 3-105.

Section 9:

- Codes Lists *Preferred Language*.

## Administration

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

**Principal data users** Clinical Governance Unit, DHS

**Collection start** 2003-04

**Definition source** NHDD **Code set source** NHDD; ABS ~~med~~ Aust. Stand. Classification

## Proposal 3 – Addition of new Spoke codes to identify dialysis activity performed at ‘satellite’ sites

**It is proposed to** Add 14 new Spoke codes in order to identify dialysis activity performed at satellite sites. Each Spoke code is associated with a parent Hub.

Codes are to be added for:

Royal Melbourne Hospital (Hub):

- Brunswick Dialysis Unit
- Coburg Dialysis Unit
- Broadmeadows Dialysis Unit
- Williamstown Hospital Dialysis Unit
- Sunshine Hospital Dialysis Unit
- Northern Hospital Dialysis Unit
- Walwa Bush Nursing Hospital Dialysis Unit

The Alfred (Hub):

- Caulfield General Medical Centre Dialysis Unit

Austin Hospital (Hub):

- Austin Training Satellite Dialysis Unit
- Heidelberg Repatriation Hospital Dialysis Unit
- North East Kidney Service
- Epping Dialysis Unit

Monash Medical Centre Clayton (Hub):

- Cranbourne Integrated Care Centre Dialysis Unit

Barwon Health – Geelong Hospital (Hub):

- Newcomb Dialysis Unit

**Proposed by**

**Gillian Smith**

Senior Project Officer  
Programs Branch  
Department of Human Services

**Implementation Date  
Background**

1 July 2007

At present, all dialysis activity is reported to the VAED by the parent (hub) hospital and there is no method of identifying activity performed at satellite (spoke) sites.

The Renal Dialysis Costing and Funding review may recommend a differential WIES payment for in-centre (hub based) treatment and satellite (spoke based) treatment. If DHS chooses this differential funding model a method of discriminating between treatment sites will be required.

The ability to identify individual treatment sites informs service planning for maintenance dialysis.

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# Contract/Spoke Identifier (*Amended*)

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## Specification

### **Definition**

This field identifies:

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

### **Datatype**

Numeric

### **Form**

Code

### **Field size**

4

### **Layout**

NNNN or spaces.

### **Location**

Episode Record

### **Reported by**

Victorian public and private hospitals involved in contracted care arrangements with other hospitals (purchasers and providers of contracted care).

All other sites, report a space in this field.

### **Reported for**

This item is mandatory if Funding Arrangement is:

- 1 *Contract* or
- 2 *Hub/Spoke*

Otherwise, report a space in this field.

### **Reported when**

This field can be reported during the patient's stay and must be present when the Separation Date is reported in the Episode Record.

### **Code set**

Report the relevant Hospital Campus Code (refer to Section 9: Hospital Code Table), which identifies the other party to the contracted service arrangement, with the following exception:

- When the Funding Arrangement is 1 *Contract* and the Contract Type 1 *Contract Type B* or 7 *Contract Type (A)*, report the code from the list below that identifies the external purchaser/program relevant to the episode of care.

#### **Code**    **Descriptor**

0050	Interim Care Program: Residential aged care facility
0070	Interim Care Program: Supported accommodation
0100	Australian Health Care Agreement (AHCA) - Elective Surgery
0110	National Bowel Cancer Program
0200	Department of Human Services: HIV Aids
0300	Department of Veterans Affairs: Veterans Cardiac Agreement
0311	Brunswick Dialysis Unit
0312	Coburg Dialysis Unit
0313	Broadmeadows Dialysis Unit
0314	Williamstown Hospital Dialysis Unit
0315	Sunshine Hospital Dialysis Unit
0316	Northern Hospital Dialysis Unit

0317	Walwa Bush Nursing Hospital Dialysis Unit
0321	Caulfield General Medical Centre Dialysis Unit
0331	Austin Training Satellite Dialysis Unit
0332	Heidelberg Repatriation Hospital Dialysis Unit
0333	North East Kidney Service
0334	Epping Dialysis Unit
0341	Cranbourne Integrated Care Centre Dialysis Unit
0351	Newcomb Dialysis Unit
0400	Individual contracts with international patients
0500	Transport Accident Commission: Alfred Road Trauma Unit
0600	Department of Human Services: Rural & Remote Health Agency Program
0700	Department of Human Services: Bowen Centre - ARMC
0800	Victorian Maintenance Dialysis Program
0900	St Jude Pacemaker Replacement Program
0910	St Vincent's Lithotripsy Service - Bendigo Hospital
0920	St Vincent's Lithotripsy Service - MMC Clayton
0930	St Vincent's Lithotripsy Service - RCH
0940	St Vincent's Lithotripsy Service - MMC Moorabbin
0950	St Vincent's Lithotripsy Service - West Gippsland Healthcare Group
0960	St Vincent's Lithotripsy Service - Ballarat Hospital
0970	St Vincent's Lithotripsy Service - Geelong Hospital
0980	St Vincent's Lithotripsy Service - Frankston Hospital
0990	St Vincent's Lithotripsy Service - Goulburn Valley Health

**Reporting guide** Codes 0050 and 0070 *Interim Care Program* shall only be used with Contract Type 7 *Contract Type (A)*.

**0070 Interim Care Program: Supported Accommodation**

*Includes:*

- Supported Residential Service (SRS)

<b>Edits</b>	410	Illegal Comb Fund Arrange & Contract
	419	Invalid Contract/Spoke Identifier
	420	Contract/Spoke = Campus/Site
	456	Contract Leave, No Contract
	630	Contract/Spoke Identifier cannot be reported for this campus

**Related items** Section 2: *Contracted Care, Leave – Contract, Leave Without Permission and Hub and Spoke*.

Section 4:

- Business Rules (non-tabular) *Contracted Care and Hub and Spoke*.
- Business Rules (tabular) *Contracting: Contract Fields, Contract Leave and Funding Arrangement, and Contracting: Funding Arrangement and Contract Fields*.

## Administration

<b>Purpose</b>	To enable monitoring of health services provided under contract in Victoria.		
<b>Principal data users</b>	Funding, Health and Information Policy Branch (Metropolitan Health and Aged Care Services, DHS).		
<b>Collection start</b>	1999-00		
<b>Definition source</b>	DHS	<b>Code set source</b>	DHS

## Proposal 4 – Addition of Date of Birth Accuracy Flag

**It is proposed to** Introduce a new field to record the accuracy of the Date of Birth.

**Proposed by** Health Data Standards & Systems  
Funding Health and Information Policy  
Metropolitan Health and Aged Care Services  
Department of Human Services

**Implementation Date** 1 July 2007

**Background** This change is proposed to improve the quality of the Date of Birth data item in the VAED by reducing the incidence of defaulted values when dates are unknown or estimated and improving the quality of statistical analysis.

The current method of indicating an estimated Date of Birth requires 0000 to be reported for DDMM and an estimated year of birth. This method may not pass date validation processes in some systems.

The change will also bring the VAED into line with the NHDD and other DHS data collections, such as VINAH.

Note that the order, Year-Month-Day, of the accuracy code is the reverse of the current date order DDMMCCYY. The reason for this is to maintain consistency of the data element across DHS collections. Comment on whether this ordering in the VAED extract is likely to cause problems is particularly welcome.

---

# Date of Birth Accuracy Code (*New*)

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## Specification

<b>Definition</b>	A code representing the accuracy of the components of a date - year, month, day.		
<b>Datatype</b>	Alpha	<b>Form</b>	Structured Code
<b>Field size</b>	3	<b>Layout</b>	AAA
<b>Location</b>	Episode Record		
<b>Reported by</b>	All Victorian Health Services (public and private).		
<b>Reported for</b>	All admitted episodes of care.		
<b>Reported when</b>	The episode record is reported.		
<b>Value domain</b>	This data element's value domain consists of a combination of three codes, each of which denotes the accuracy of one date component:		

<b>Code</b>	<b>Descriptor</b>
A	The referred date component is accurate
E	The referred date component is not known but is estimated
U	The referred date component is not known and not estimated.

This data element contains three positional components (YMD) that reflect the order of the date components in the format (YYYYMMDD) of the reported *Date of Birth*.

<b>Component</b>	<b>Descriptor</b>
1st – Y	Refers to the accuracy of the year component.
2nd – M	Refers to the accuracy of the month component
3rd - D	Refers to the accuracy of the day component

**Reporting guide** Any combination of the values A, E, U representing the corresponding level of accuracy of each date component of the reported date.

Example 1: A date has been sourced from a reliable source and is known as accurate then the date accuracy indicator should be reported as 'AAA'.

Example 2: If only the age of the person is known and there is no certainty of the accuracy of this, then the date accuracy indicator should be reported as 'EUU'. That is the day and month are "unknown" and the year is "estimated".

A Year component value of *U* – *Unknown* is not accepted.

**Edits** 631 Invalid Date of Birth Accuracy code

**Related items** Section 2: Age  
Section 3: Date of Birth

## Administration

**Purpose** Required to derive age for demographic analyses and for analysis by age at a point of time.

**Principal data users** Multiple internal and external research users.

**Collection Start** 2007-08

**Definition source** NHDD (DHS modified)      **Value Domain source** NHDD 94429 (DHS Modified)

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## Date of Birth (*Amended*)

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### Specification

<b>Definition</b>	The date of birth of the person.		
<b>Datatype</b>	Numeric	<b>Form</b>	Date
<b>Field size</b>	8	<b>Layout</b>	DDMMCCYY
<b>Location</b>	Episode Record		
<b>Reported by</b>	All Victorian hospitals (public and private).		
<b>Reported for</b>	All admitted episodes of care.		
<b>Reported when</b>	The Episode Record is reported.		
<b>Code set</b>	A valid date.		
<b>Reporting guide</b>	The Date of Birth must be on or before Date of Admission.  Century (CC) can only be 18, 19 or 20.  <del>If unknown, estimate the year of birth and enter 0000 [zeros] in DDMM and the estimated year in CCYY. Date 00MMCCYY will not be accepted.</del>		

Remainder of table unchanged.

## Proposal 5 – Format of DVA Number

**It is proposed to** Amend the format of the Department of Veterans' Affairs Number.

**Proposed by** Health Data Standards & Systems  
Funding Health and Information Policy  
Metropolitan Health and Aged Care Services  
Department of Human Services

**Implementation Date** 1 July 2007

**Background** This change will align the format of the DVA Number in the VAED with the requirements of the Department of Veterans' Affairs and will make it consistent with other data collections such as VINAH.

The functional effect of the change is to disallow spaces between characters. Only trailing spaces in the format of the identifier are permissible.

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# DVA ID / TAC Claim Number (Where Account Class is V- DVA) (Amended)

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## Specification

<b>Definition</b>	The Department of Veterans' Affairs file number of the person.		
<b>Datatype</b>	Alphanumeric	<b>Form</b>	Structured Code
<b>Field size</b>	9	<b>Layout</b>	AAAANNNX or AAAANNNXA
<b>Location</b>	DVA and TAC Record (Shared field <i>DVA ID/TAC Claim Number</i> )		
<b>Reported by</b>	Public hospitals.		
<b>Reported for</b>	Episodes with an Account Class of DVA (V-).		
<b>Reported when</b>	The Episode Record is reported.		
<b>Code set</b>	Obtained from the DVA card, held by those eligible for DVA benefits.		
<b>Reporting guide</b>	<p><del>Character 1: State identifier. Valid codes: Q, N, V, T, S or W. ACT is included in N (NSW) and NT with S (SA).</del></p> <p><del>Characters 2-4: Alphabetic characters may appear in these fields but no alphabetic characters may appear after any numerics in these positions.</del></p> <p><del>Characters 5-8: Numeric except last non-space character may be alphabetic.</del></p> <p><del>Character 9: Space (veteran), alpha (dependent).</del></p>		

**Layout:**

Part 1	State identifier. Valid codes: Q, N, V, T, S or W. ACT is included in N (NSW) and NT with S (SA).
Part 2	War Group Code, (Alphanumeric characters) may be up to 3 characters.
Part 3	Serial Number (numeric characters) may be 2 to 6 characters in length.
Part 4 (optional)	Spouse or Dependent Identifier, may be 1 character in length.

Edits applied to DVA ID / TAC Claim Number:

- Only alphas, numerics and spaces are permitted.
- Alpha characters must be uppercase.
- A maximum of six numeric characters is permitted.
- Trailing spaces (to the right) are permitted.

**Valid format** (see also above layout and following examples):

- Only alphabetic and numeric characters and spaces are permitted
- Alphabetic characters must be in uppercase
- A maximum of six numeric characters is permitted
- Trailing spaces (to the right) are permitted.
- Spaces between characters are not permitted.

Valid War Codes are available at:

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

Examples of permitted formats: N123456, VX123456, WXX123A, QXXX1B

If a DVA ID / TAC Claim Number that the hospital believes is correct cannot pass these edits, the hospital should refer the problem to their local DVA office.

**Edits**

- 180 DVA ID/TAC Claim Number Blank
- 181 DVA ID/TAC Claim Number Incorrect

**Related items**

Section 3: *Account Class* on page 3-10.

## Administration

**Purpose**

To facilitate payment by DVA for DVA patients.

These data are held separately to other VAED data to ensure that personal information remains confidential.

**Principal data users**

Department of Veterans' Affairs.

**Collection start**

1992-93

**Definition source**

NHDD

**Code set source**

DVA

## Proposal 6 – Amend codeset for Level of Insurance and change data item name

**It is proposed to** Change the codeset values for Level of Insurance and change the title of the data item to “Hospital Insurance Status”.

**Proposed by** **HDSS**  
Department of Human Services

**Implementation Date** 1 July 2007

**Background** This change would remove unused and unnecessary code values and replace with the NHDD codeset.

The current codeset is out of date with current insurance policy and provides no added value. The NHDD codeset is considered to be sufficient and consists of two values:

- 2 Hospital Insurance, and
- 4 No hospital Insurance.

It is proposed to include a further value:

- 9 Hospital Insurance Status unknown.

# Level of Insurance Hospital Insurance Status (Amended)

## Specification

**Definition** The patient's level of hospital insurance status, regardless of whether they elect to be a public or private patient, or are a compensable or ineligible patient.

**Datatype** Numeric Alpha **Form** Code

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

**Location** Episode Record

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

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

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

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

Code	Descriptor
1	Insured with a health fund: hospital insurance with exclusions
3	Insured with a health fund: full hospital insurance
8	Insured but level of hospital insurance unknown
6	No hospital insurance (includes ancillary cover only)
9	Insurance status unknown

2	Hospital Insurance
4	No Hospital Insurance
9	Hospital Insurance Status Unknown

**Reporting guide** Any arrangement a patient has with their health insurance company to pay an 'excess' in the event of making a claim, has no relevance to assigning the code. Such an arrangement does *not* mean the patient has health insurance with exclusions.

A health insurance policy with 'exclusions' does not provide cover for a particular admitted patient service/s. When a patient holds such a policy, report 1 *Insured with a health fund: hospital insurance with exclusions*.

Persons covered by insurance for benefits of ancillary services only are included in 2 *No Hospital Insurance*.

It cannot be assumed that a mother's level of insurance will apply to her newborn baby. In particular, single insurance cover does not provide for a newborn baby of the policyholder.

**Edits**

044	Invalid Level of Insurance Code
313	No Fund But Insured
314	Fund But Uninsured
315	Fund But Insurance Unknown

**Related items** Section 3: *Health Insurance Fund* on page 3-96.

## **Administration**

**Purpose** To monitor patterns of hospital insurance usage to inform health policy and planning.

**Principal data users** Funding Policy Section (Metropolitan Health and Aged Care Services, DHS).

**Collection start** 1990-91

**Definition source** DHS **Code set source** DHS

---

# Health Insurance Fund (*Amended*)

---

## Specification

<b>Definition</b>	The patient's hospital insurance fund (if any) <i>regardless</i> of whether the patient elects to be a public or private patient, or is a compensable or ineligible patient.		
<b>Datatype</b>	Alphanumeric	<b>Form</b>	Code
<b>Field size</b>	3	<b>Layout</b>	AAA or NNN
<b>Location</b>	Episode Record		
<b>Reported by</b>	All Victorian hospitals (public and private).		
<b>Reported for</b>	All admitted episodes of care.		
<b>Reported when</b>	The Episode Record is reported.		
<b>Code set</b>	<b>Code</b>	<b>Descriptor – Registered name (may differ from Trading name)</b> <i>[Omitted for brevity]</i>	
	996	Miscellaneous Australian health insurance fund	
	997	Non-Australian health insurance fund	
	998	Patient is insured but will not/cannot specify the fund	
	999	Patient is uninsured/Insurance status unknown	

**Reporting guide** The patient's health insurance fund status should in no way be taken to indicate her/his election, nor should it influence that election. Health Insurance Fund, as reported to the VAED, is not to be used to indicate the source of payment for the patient's treatment. If a patient is covered by a health insurance fund, the code should be recorded regardless of whether the patient plans to utilise the insurance for this admission. This data item is used only to indicate the extent of private health coverage and should not be directly linked to software invoicing systems.

For patients admitted for treatment covered by Department of Veteran Affairs, Transport Accident Commission or Victorian Workcover Authority, record the health insurance fund code if the patient holds private health insurance, regardless of whether the patient intends to claim against their insurance, or record 996, 997, 998 or 999 as appropriate.

Code 996 Miscellaneous Australian health insurance fund should only be used to report a new fund which has not been added to the list of valid codes. It should not be reported when the insurance status of a patient is unknown.

~~When assigning code 999, the appropriate code for Level of Insurance is 6 No hospital insurance (includes ancillary cover only) or 9 Insurance status unknown, as appropriate.~~

When assigning code 999, the appropriate code for Level of Insurance is 4 No Hospital Insurance or 9 Hospital Insurance Status Unknown, as appropriate.

*[The remainder of the data element is unchanged]*

## Proposed revisions/additions to Business Rules (Tabular), and Edits Business Rules

Proposal 2 Replace current Preferred Language codeset with Australian Standard Classification of Languages (ASCL) Preferred Language codeset

### Interpreter Required and Preferred Language

Valid combinations. Only fields that cannot contain the full code set are listed.

If Interpreter Required is		then Preferred Language must be
1	Yes	<del>00-18, 20-95, 97</del> <>1201
2	No	<del>00-95, 97</del> 0000 - 9799
3	Not Stated	<del>96, 98</del> 9999
If Preferred Language is		then Interpreter Required must be
<del>00-18</del>	0000 – 1200, 1202 – 9799 Refer VAED Manual Section 9 Preferred Language	1, 2
<del>19</del>	1201 English	2
<del>20-95</del>	Refer VAED Manual Section 9 Preferred Language	1, 2
<del>96</del>	Inadequately described	3
<del>97</del>	Non-verbal, so described (including sign-languages eg: Auslan, Makaton)	1, 2
<del>98</del>	9999 Not stated	3

Edits

592 Invalid Comb Int Req/Pref Lang

## Editing

### Proposal 1 Replace ACCSS Country codeset with SACC Country codeset

---

## 069 Newborn From Overseas (*Amended*)

---

#### *Effect*

NOTIFIABLE

#### *Problem*

The E3 Episode Record's age at admission is zero days but the Country of Birth code is not one of those indicating Australia (~~1100 to 1299~~ 1101-1199).

#### *Remedy*

HDSS acknowledges that for a small number of episodes this combination of data items is correct. Check Date of Birth, Country of Birth and Admission Date. Where incorrect, amend as appropriate and re-transmit the E3. Alternatively, contact the HDSS Helpdesk to confirm that information is correct. Where the data has not been corrected or confirmed HDSS will periodically notify each hospital and ask them to do so.

- *This is possible if the baby has been flown in from overseas for emergency treatment on date of birth, or was born in transit by air or sea from overseas.*

---

## 228 Unusual Birth Place (*Amended*)

---

### *Effect*

Warning

### *Problem*

The E3 Episode Record's Country of Birth code indicates unusual birth place:

- ~~0000 Inadequately described (includes continents not further defined)~~
- 0001 Born at sea
- ~~0002 Birth place not elsewhere classified~~
- ~~1700 Antarctic not further defined~~
- ~~1701-1707 Antarctic territories~~
- 1601-1607 Antarctica
- ~~2206 Vatican City, 3103 Holy See~~

### *Remedy*

Check Admission Date, Admission Source and Date of Birth, amend as appropriate, and re-transmit the E3.

- ~~If you have used 0002 Birthplace not elsewhere classified because there is no code for the country, contact the HDSS Help Desk.~~

---

## 234 Aboriginal/Ts Island But Not Aust Born (*Amended*)

---

### *Effect*

NOTIFIABLE

### *Problem*

The E3 Episode Record's Indigenous Status indicates the patient is of Aboriginal or Torres Strait Islander origin (5, 6 or 7) but the Country of Birth is not one of the codes indicating Australia (~~1100 to 1299~~ 1101-1199).

### *Remedy*

HDSS acknowledges that for a small number of episodes this combination of data items is correct. Check Indigenous Status and Country of Birth. Where incorrect, amend as appropriate and re-transmit the E3. Alternatively, contact the HDSS Helpdesk to confirm that information is correct. Where the data has not been corrected or confirmed HDSS will periodically notify each hospital and ask them to do so.

Proposal 2 Replace current Preferred Language codeset with Australian Standard Classification of Languages (ASCL) Preferred Language codeset

---

## 513 Indigenous Status/Preferred Language Mismatch (*Amended*)

---

**Effect**

NOTIFIABLE

**Problem**

The E3 Episode Record's Indigenous Status is 5, 6 or 7 *Indigenous* but Preferred Language is not 02, 05, 07, 12, 19, 41, 42, 54, 55, 76, 82, 83, 85, or 97 8xxxx Australian Indigenous Languages, 1201 English, 96xx Invented Languages or 97xx Sign Languages.

**Remedy**

HDSS acknowledges that for a small number of episodes this combination of data items is correct. Check Indigenous Status and Preferred Language. Where incorrect, amend as appropriate and re-transmit the E3. Alternatively, contact the HDSS Helpdesk to confirm that information is correct. Where the data has not been corrected or confirmed HDSS will periodically notify each hospital and ask them to do so.

---

## 514 Language is Unspecified (*Amended*)

---

**Effect**

Warning

**Problem**

The E3 Episode Record's Preferred Language is ~~95-Other languages, nfd,~~  
~~96-Inadequately described,~~ or 98 9999 Not stated.

**Remedy**

Check Preferred Language, amend as appropriate, and re-transmit the E3.

Proposal 3 Addition of new Spoke codes to identify dialysis activity performed at 'satellite' sites

---

## 630 Contract/Spoke Identifier cannot be reported for this campus (*New*)

---

**Effect**

REJECTION

**Problem**

The E3 Episode Record's Contract/Spoke Identifier cannot be reported for this Campus Code.

**Remedy**

Check Contract/Spoke Identifier, amend as appropriate and re-transmit the E3.

Refer to:

Section 9: Supplementary Code Lists

## Proposal 4 Addition of Date of Birth Accuracy code

---

### **631 Invalid Date of Birth Accuracy code (*New*)**

---

**Effect** REJECTION

**Problem** The E3 Episode Record's Date of Birth Accuracy code is null or invalid.

**Remedy** Check Date of Birth Accuracy for valid format and values.

## Proposal 6 Amend codeset for Level of Insurance and change item name

---

### **313 No Fund But Insured (*Amended*)**

---

**Effect** REJECTION

**Problem** The E3 Episode Record's Health Insurance Fund is 999 *Uninsured* but the Level of Insurance is not ~~6 No hospital insurance or 9 Insurance status unknown~~ **4 No hospital insurance.**

**Remedy** Check Health Insurance Fund and Level of Insurance, amend as appropriate and re-transmit the E3.

---

## 314 Fund But Uninsured (*Amended*)

---

**Effect**

REJECTION

**Problem**

The E3 Episode Record has a valid Health Insurance Fund but the Level of Insurance is ~~6 No hospital insurance or 9 Insurance status unknown~~ not 2 Hospital Insurance.

**Remedy**

Check Health Insurance Fund and Level of Insurance, amend as appropriate and re-transmit the E3.

---

## ~~315 Fund But Insurance Unknown (*Deleted*)~~

---

**Effect**

Warning

**Problem**

The E3 Episode Record's Health Insurance Fund is valid but the Level of Insurance is ~~8 Insured but level of insurance unknown.~~

**Remedy**

Check Health Insurance Fund and Level of Insurance, amend as appropriate, and re-transmit the E3.

## Proposed Revisions in Record Structures

### Episode Record

#### Episode Record File Structure

Note	Data Item	Field Size	Record Position	Layout/Code Set
M	Transaction Type	2	1	E3 E4
M	Unique Key	9	3	Hospital-generated Right justified, zero filled
M	Patient Identifier	10	12	Hospital generated Right justified, zero filled
M	Campus Code	4	22	0, 1, 2, 3, 4, 5, 6, 7, 8, 9
M	Medicare Number	11	26	NNNNNNNNNNNN or spaces
M	Medicare Suffix	3	37	AAA or A-A
M	Sex	1	40	1, 2, 3, 4
M	Marital Status	1	41	1, 2, 3, 4, 5, 6
M	Date of Birth	8	42	DDMMCCYY
M	Postcode	4	50	NNNN Refer to Section 3
M	Locality	22	54	Refer to Section 3
M	Admission Date	8	76	DDMMCCYY
M	Admission Time	4	84	HHMM
M	Admission Type	1	88	S, Y, M, C, L, O, X
M	Admission Source	1	89	S, Y, T, B, N, A, H
1	Transfer Source	4	90	NNNN or spaces Refer to Section 3
	Leave With Permission Days MTD	2	94	NN or spaces
	Leave With Permission Days Financial YTD	3	96	NNN or spaces
	Leave With Permission Days Total	3	99	NNN or spaces
	<b>Status Segment</b> Occurs 7 times			
2	Account Class	2	102, 115, 128, 141, 154, 167, 180	AA or AN Refer to Field specification
2	Accommodation Type	1	104, 117, 130, 143, 156, 169, 182	1, 2, 3, 4, 6, 7, 8, B, C, M, S
2	Qualification Status	1	105, 118, 131, 144, 157, 170, 183	N, U, X
2	Patient Days MTD	2	106, 119, 132, 145, 158, 171, 184	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	108, 121, 134, 147, 160, 173, 186	Must be present if other Status details are present
2	Patient Days Total	4	111, 124, 137, 150, 163, 176, 189	Must be present if other Status details are present
3	Separation Date	8	193	DDMMCCYY
3	Separation Time	4	201	HHMM
3	Separation Mode	1	205	S, D, Z, T, B, N, A, H
1	Transfer Destination	4	206	NNNN or spaces Refer to Section 3
4	Separation Referral	4	210	F, P, M, L, B, U, C, S, D, G, I, A, K, T, R, X or spaces Left justified, trailing spaces
5	Carer Availability	1	214	1, 2, 3, 4, 5, 6, 7, 8 or space
3	Account Class on Separation	2	215	AA or AN Refer to Field specification
3	Accommodation Type on Separation	1	217	1, 2, 3, 4, 6, 7, 8, B, C, M, S
M	Care Type	2	218	F, E, 1, 2, 6, 7, K, 8, 5x, 9, 0, 4, U Refer to Section 3
M	Country of Birth	4	220	NNNN Refer to Section 3
M	Indigenous Status	1	224	2, 5, 6, 7, 8, 9
M 6	Criterion for Admission	1	225	B, N, U, O, E, C, S
M	Intended Duration of Stay	1	226	1, 2
M	Health Insurance Fund	3	227	Refer to Section 3
M	Level of Insurance	1	230	1, 3, 8, 6, 9
3	Mental Health Legal Status	1	231	1, 2, 9
7	Funding Arrangement	1	232	1, 2, 4, 5, 6 or space
8	Contract Type	1	233	1, 2, 3, 4, 5, 6, 7 or space
8	Contract Role	1	234	A, B or space
9	Contract/Spoke Identifier	4	235	NNNN or spaces Refer to Section 3
10	Contract Leave Days - MTD	2	239	NN or spaces
10	Contract Leave Days - Financial YTD	2	241	NN or spaces
10	Contract Leave Days - Total	2	243	NN or spaces
	User Flag	1	245	Optional field, free text
12	Preferred Language	2 4	246	<del>NN</del> NNNN Refer to Section 3
12	Interpreter Required	1	248 250	N Refer to Section 3
13	ACAS Status	1	249 251	N or space Refer to Section 3
15	Mental Health Statewide Patient Identifier	10	250 252	ODS generated or spaces Refer to Section 3
	Leave Without Permission Days MTD	2	260 262	NN or spaces
	Leave Without Permission Days Financial YTD	3	262 264	NNN or spaces

Note	Data Item	Field Size	Record Position	Layout/Code Set
14	Leave Without Permission Days Total	3	265 267	NNN or spaces
14 16	Palliative Care Patient Days	3	268 270	NNN or spaces
3	Intention to Readmit	1	271 273	0, 1, 2, 3, 4, 9
M	Date of Birth Accuracy Flag	3	274	AAA
		Total 272 277		

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.

## **Other Record File Structures**

The Transaction Types for Diagnosis, Extra Diagnosis Record, Sub-Acute, DVA and TAC Record and Trailer Records will also change as listed below, but otherwise the Record File Structure will not change.

- H3 to H4
- X3 to X4
- Y3 to Y4
- S3 to S4
- V3 to V4
- T3 to T4
- U3 to U4

# Changes Outside the Proposals Process

The following revisions are planned for the VAED and may not require changes to internal hospital software systems.

## **Diagnosis Outstanding Report to become a Control Report**

It is intended to incorporate the Diagnosis Outstanding Report as a standard report generated whenever a PRS/2 transmission file is processed. It will list episodes separated up to and before the End Date in the transmission file Header Record, for which a Diagnosis Record (X4) has not been received.

For example, if a transmission file is submitted with Header Dates of 1 July to 23 July 2007, all episodes with a separation date of 23 July 2007 or before, for which a Diagnosis Record (X4) has not been accepted, will be listed on the report.

The Diagnosis Outstanding Report will continue to be available as a Request Report and can be requested for any period.

## **Reporting Option Changes**

The Reporting Option controls the order in which records are listed on the Transmitted Transaction Report produced whenever a PRS/2 transmission file is processed. Currently, the available options are:

- 0 Full transaction trail: Lists all records in the order they appear in the transmission file. E records are first, followed by S and V records (if applicable) and finally X records.
- 1 Rejections/notifiables/warnings/fatals only: Lists only records triggering edits. Accepted records without edits are not listed at all.
- 2 Edit messages, then full (accepted) transaction trail: Lists records triggering edits first (rejections first, followed by notifiables/fatals, and then warnings), followed by all records accepted without edits.

It is intended to change Reporting Option 2 to list records triggering edits first, but also to list them in the order in which they appeared in the transmission file. This is because some edits are triggered due to the order they were submitted and therefore if they are listed first it makes it difficult to diagnose the cause. For example, if the second admission in a chain of statistical admissions is submitted before the first, it will reject because the first has not yet been processed. But because the rejection will be listed before the accepted record it is impossible to know why the second record has rejected.

It is also intended to remove Reporting Option 1 as this option does not provide an audit trail of submissions to PRS/2. It makes reconciliation problems difficult to resolve and, since the option is set when the file is transmitted, cannot be reversed after the fact, i.e. a report cannot be produced retrospectively containing all submitted records.

To minimise changes required to hospital software systems, if a '1' is reported in this field it will be defaulted to '2'.

## **WIES Values for Each Episode**

It is intended to print the WIES value on each Diagnosis (X4) record, where the episode has qualified for WIES funding. This will assist hospitals in identifying discrepancies between PRS/2 and inhouse figures.

## Admission weight

AR-DRG Version 5.1 accepts an admission weight between 100 grams and 399 grams for episodes reported with any of the following diagnosis codes:

P07.01 Extremely low birth weight 499 g or less

P07.21 Extreme immaturity, less than 24 completed weeks

P07.22 Extreme immaturity, 24 or more completed weeks but less than 28 completed weeks

Therefore it is intended that PRS/2 no longer assigns an admission weight of 400 grams to episodes with an admission weight between 125 and 399 grams for grouping purposes and to allow an admission weight as low as 100 grams to be reported.

The following Data Definition has been amended:

---

## Admission Weight (*Amended*)

---

### Specification

**Definition** The birth weight of the live baby, or the weight of the neonate or infant (under one year of age) on the date admitted, if this is different from the date of birth.

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

**Field size** 4 **Layout** NNNN or spaces.  
Right justify, leading zeros.

**Location** Diagnosis Record

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

**Reported for** All admitted patients under 1 year of age.

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

**Code set** Valid weight in grams, 0125 0100-9999. If Admission Weight is not required, transmit spaces, not zeros.

**Reporting guide** Admission Weight is required for all infants under 1 year of age at admission (that is, admitted on a date earlier than the infant's first birthday).

Where the admission starts on the day of birth, the birth weight is the Admission Weight.

~~As the grouper accepts an admission weight range of 400 to 9999 grams, episodes reported to PRS/2 with an Admission Weight of between 125 and 399 grams will be assigned an admission weight of 400 grams (by PRS/2) for the purpose of grouping to the appropriate VIC-DRG5.~~

If Admission Weight is unknown or heavier than 9999, and the patient is aged greater than 27 days, use 9999.

***The remainder of this section is unchanged***

### **Edit 232 Possible coding or sequencing problem**

Feedback received indicates that there is limited value in having this edit trigger on the PRS/2 report therefore it is intended to remove this edit. Hospitals can generate Request Report 02 DRGs for Review to identify episodes grouping to a range of nil value/problem DRGs.

# End of Financial Year Considerations

## Method for Reporting 'Remaining Ins' on 30 June 2007

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 2007, the header dates of a transmission will determine the format and values reported.

The following data rules apply for PRS/2 data transmissions before and after 1 July 2007:

- File transmissions with header dates prior to 1 July 2007 must contain records using the 2006–07 format/values (H3, E3, X3, Y3, S3, V3, T3, U3).
- File transmissions with header dates of 1 July 2007 and beyond must contain header and trailer records using the 2007–08 format/values (H4, T4, U4).
- File transmissions with header dates of 1 July 2007 and beyond may contain records of patients separated prior to 1 July 2007; if present, those data records must use the 2006–07 format/values.
- File transmissions with header dates of 1 July 2007 and beyond may contain records of unseparated patients (those remaining in on 30 June 2007); if present, those data records must use 2007–08 format/values.
- File transmissions with header dates of 1 July 2007 and beyond must contain records of patients separated on and from 1 July 2007 using the 2007–08 format/values.

## Test Transmissions of New 1 July 2007 Software

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

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

Where data is being supplied electronically, the file must have a filename of 'prs2test'. Where data is being supplied via diskette, the diskette must be externally labelled 'Supplier test' and whether the program is in public hospital or private hospital format and, if not from a hospital, with the name of the software supplier. Contact the facilities manager (One Response Network) before transmitting a test file to ensure the file is processed appropriately and the test system is configured to receive your file.

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

Turnaround time will depend on workload at the facilities manager.

Control Reports produced for each test will be sent to the hospital and will only be sent to an alternate address (such as the software supplier) on receipt of written authorisation on hospital letterhead.

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

Hospitals that send electronically to the facilities manager will be able to request their test reports to be produced in an electronic format.

Appendix: Feedback Proforma

# Feedback: Proposals for Revisions - VAED, VEMD or ESIS, 1 July 2007

<b>To:</b>	<b>HDSS Help Desk, Department of Human Services</b>		
<b>Send to:</b>	Email: HDSS.HelpDesk@dhs.vic.gov.au Fax: (03) 9096 7743	<b>Date sent:</b>	
<b>Sender name:</b>			
<b>Telephone number:</b>			
<b>Email address:</b>			
<b>Organisation name:</b>			
My comment/question relates to (please indicate [X]): [ ] VAED      [ ] VEMD      [ ] ESIS <i>Please use one email/form per item. Thank you for your input.</i>			
Proposal Reference (number & title)			

Comments/Questions: