

Errata to the Specifications for  
revisions to PRS/2 and the  
Victorian Admitted Episodes  
Dataset (VAED) for 1 July 2009

January 2009

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## Executive Summary

This document details the revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2009. These revisions are summarised below.

1. Addition of two new Program Identifiers
2. Addition of three new edits for Program Identifier
3. DO NOT delete Palliative Care Patient Days, report spaces
4. Episode file structure amended to include Palliative Care Patient Days spaces

## Orientation to this document

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

- **New values and definitions relating to existing items appear in boxes.** Where the entire concept definition or data item is new this will appear in the normal layout without the boxes.
- Redundant values and definitions relating to existing items are ~~struck through~~.
- *[Comments relating to the specification document only appear in square brackets and italics.]*
- Page numbers representing cross referencing to another section of the *VAED Manual* that are not represented in this document are represented by a #.

## Abbreviations

TCP	Transitional Care Plus
GEM	Geriatric Evaluation and Management
DHS	Department of Human Services
PRS/2	Patient Reporting System, Version 2
VAED	Victorian Admitted Episodes Dataset

## Symbols

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

## Deletion of Palliative Care Patient Days

<b>Revision Summary</b>	Palliative Care Patient Days has been removed for 2009-10.
<b>Implementation Guide</b>	For 2009-10 report spaces in this field to allow the Episode Record file structure to remain the same as the format for 2008-09 until character 277.

## 6 Addition of Program Identifier to identify episodes admitted under specified programs

### Data Definitions:

<b>Revision Summary</b>	Addition of a new data element, <i>Program Identifier</i> , to enable patients admitted under various programs to be identified in the data.
<b>Implementation Guide</b>	The addition of this new data element will enable patients admitted under a specified program to be identified in the data, without affecting other data elements or funding streams. Codes for various programs may be added and de-activated as required.

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## Program Identifier (New)

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### Specification

**Definition** Identifies the specified program, if any, which applies to this episode of care.

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

**Field size** 2 **Layout** NN or space

**Location** Episode Record

**Reported by** Public and Private Hospitals.

**Reported for** Episodes for patients admitted under a specified DHS program.

Otherwise, report a space in this field.

**Reported when** An Episode Record is transmitted.

<b>Code set</b>	<b>Code</b>	<b>Descriptor</b>
	01	Winter Demand Strategy
	02	23 Hour Surgery Unit
	03	TCP Plus
	04	GEM Level 1

**Reporting guide** Report the corresponding code for the program when advised to do so by the Department of Human Services' unit responsible for administration of the program, or by HDA.

**01 Winter Demand Strategy**  
Patient identified under the Winter Demand Strategy. Use code 01 only.

**02 23 Hour Surgery Unit**  
Patient identified as a 23 Hour Surgery Unit patient. Use code 02 only.

**03 TCP Plus**  
Patient identified as a TCP Plus patient as approved by DHS. Use code 03

only with Care Type K.

**04 GEM Level 1**

Patient identified as a GEM Level 1 patient as approved by DHS. Use code 04 only with Care Type 9

**Edits**

XXX Invalid Program Identifier

XXX Program Identifier Mismatch

XXX Program Identifier 03, not approved for TCP Plus

XXX Program Identifier 04, not approved for GEM Level 1

**Related items**

Section 4:

- Business Rules (tabular) Care Type and Program Identifier

## Administration

**Purpose**

To:

- Identify whether a specified program applies to this episode.
- Facilitate health services planning and monitoring.

**Principal data users**

Multiple internal and external data users.

**Collection start**

2009-10

**Definition source**

DHS

**Code set  
source**

DHS

New Edits:

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## **XXX Program Identifier Mismatch**

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Effect	REJECTION
Problem	The E4 Episode Record has an invalid format or combination of Care Type and (or) Program Identifier.
Remedy	Check Care Type and Program Identifier, amend as appropriate and re-transmit the E4.  Refer to: Section 4: Business Rules (tabular) Care Type and Program Identifier

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## **XXX Program Identifier 03, not approved for TCP Plus**

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Effect	REJECTION
Problem	The E4 Episode Record has a Program Identifier of 03 TCP Plus, but the Hospital campus is not approved for this program.
Remedy	Check Program Identifier, amend as appropriate and re-transmit the E4. If you believe the hospital campus is approved to report this Program Identifier, contact the HDSS Help Desk.  Refer to Supplementary Code Lists <i>TCP Plus: Approved for Program Identifier 03</i> <a href="http://www.health.vic.gov.au/hdss/reffiles/index.htm">http://www.health.vic.gov.au/hdss/reffiles/index.htm</a>

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## **XXX Program Identifier 04, not approved for GEM Level 1**

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Effect	REJECTION
Problem	The E4 Episode Record has a Program Identifier of 04 GEM Level 1, but the Hospital campus is not approved for this program.
Remedy	<p>Check Program Identifier, amend as appropriate and re-transmit the E4. If you believe the hospital campus is approved to report this Program Identifier, contact the HDSS Help Desk.</p> <p>Refer to Supplementary Code Lists <i>GEM Level 1: Approved for Program Identifier 04</i> <a href="http://www.health.vic.gov.au/hdss/refiles/index.htm">http://www.health.vic.gov.au/hdss/refiles/index.htm</a></p>

## Revisions to Record Structures

### Episode Record

Note	Data Item	Field Size	Record Position	Layout/Code Set
M	Transaction Type	2	1	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	Refer to Section 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, 9
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
2	Patient Days Financial YTD	3	108, 121, 134, 147, 160, 173, 186	Must be present if other Status details are present

Note	Data Item	Field Size	Record Position	Layout/Code Set
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, P, 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	1, 2, 3, 4, 8, 9
M	Criterion for Admission	1	225	B, C, N, U, E, O, S
6				
M	Intended Duration of Stay	1	226	1, 2
M	Hospital Insurance Fund	3	227	Refer to Section 3
M	Hospital Insurance Status	1	230	2, 4, 9
3	Mental Health Legal Status	1	231	1, 2, 9
7	Funding Arrangement	1	232	1, 2, 4, 5, 6, 7, 8 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	4	246	NNNN Refer to Section 3
12	Interpreter Required	1	250	N Refer to Section 3
13	ACAS Status	1	251	N or space Refer to Section 3
15	Mental Health Statewide Patient Identifier	10	252	ODS generated or spaces Refer to Section 3
	Leave Without Permission Days MTD	2	262	NN or spaces
	Leave Without Permission Days Financial YTD	3	264	NNN or spaces

Note	Data Item	Field Size	Record Position	Layout/Code Set
14	Leave Without Permission Days Total	3	267	NNN or spaces
14, 16 17	Palliative Care Patient Days	3	270	NNN or spaces
3	Intention to Readmit	1	270 273	0, 1, 2, 3, 4, 9
M	Date of Birth Accuracy Flag	3	274 274	AAA Refer to Section 3
7, 14	Program Identifier	2	274 277	NN or spaces
16, 14	Mother's UR	10	276 279	NNNNNNNNNN or spaces
		Total 285 288		

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, P, 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 specified funding arrangements, programs or initiatives, 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 or Care Type 4 and an ECT has been performed. Private hospitals report spaces.
- ~~16 Mandatory for all public hospitals when Care Type is 8.~~
- 16 Mandatory for newborn episodes where the baby is born in the hospital.
- 17 Reported only for 2008-09 episodes. Report spaces for episodes in 2009-10.