

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

February 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 one new edit for Mental Health Statewide Patient Identifier
2. Amendment of one edit for Mental Health Statewide Patient Identifier
3. Addition of Procedure Codes for Procedure Start Datetime reference, pertaining to the Reporting Guide (ii) and (iii).
4. Deletion of one edit Mental Health Statewide Patient Identifier

## 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

MHSWPI	Mental Health Statewide Patient Identifier
FIM™	Functional Independence Measure
ODS	Operational Data Store
ACHI	Australian Classification of Health Interventions
ECT	Electroconvulsive Therapy
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

New Edits:

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**XXX Care Type ≠ 5X, LOS Same Day,  
Procedure Code 93341-xx,  
MHSWPI mismatch**

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<b><i>Effect</i></b>	REJECTION (X/Y4 NEW/UPD, AND E4 UPD)
<b><i>Problem</i></b>	The X/Y4 Diagnosis Record contains an ACHI code in the range 93341-xx, and the patient is Same Day but the E4 Episode Record does not contain a Mental Health Statewide Patient Identifier; OR The E4 Episode Record contains a Mental Health Statewide Patient Identifier but the X/Y4 Episode Record does not contain an ACHI code in the range 93341-xx, and the patient is Same Day.
<b><i>Remedy</i></b>	Check Admission and Separation Date, Care Type, and Mental Health Statewide Patient Identifier and ACHI procedure codes, amend as appropriate and re-transmit the E/X/Y4.

## **XXX Care Type 4 ≠ 5X, Procedure Code 93341-xx, LOS ≠ Same Day MHSWPI mismatch**

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**Effect** NOTIFIABLE REJECTION (X4 NEW/UPD, AND E4 UPD)

**Problem** The E4 Episode Record has Care Type 4 but either:

- The E4 Episode Record has no Mental Health Statewide Patient Identifier (MHSWPI), but the X4 Diagnosis Record has ACHI code 93341-xx, OR
- The E4 Episode Record has a Mental Health Statewide Patient Identifier (MHSWPI), but the X4 Diagnosis Record does not contain ACHI code 93341-xx.
- The X/Y4 Diagnosis Record contains an ACHI code in the range 93341-xx and the patient is not Same Day but the E4 Episode Record does not contain a Mental Health Statewide Patient Identifier;
- OR
- The E4 Episode Record contains a Mental Health Statewide Patient Identifier but the X/Y4 Episode Record does not contain an ACHI code in the range 93341-xx and the patient is not Same Day.

**Remedy** Check the E4 Episode Record Care Type and MHSWPI and the X4 Diagnosis Record: Check Admission and Separation Date, Care Type, Mental Health Statewide Patient Identifier and X/Y4 Diagnosis Record ACHI procedure codes, amend as appropriate and re-transmit the E4. For episodes in which an ECT has been performed, the X4 Diagnosis Record should contain ACHI code 93341-xx, and the E4 Episode Record should have a Mental Health Statewide Patient Identifier (MHSWPI).

## **578**      **MHSWPI Present, Not Care Type 5x or 4 (Amended)**

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<i>Effect</i>	REJECTION
<i>Problem</i>	<p>The E4 Episode Record contains a Mental Health Statewide Patient Identifier, but the Care Type is not 5x <i>Approved Mental Health Service or Psychogeriatric Program</i> or Care Type 4 (in the case of ECT episodes).</p> <p><b>Note: MHSWPI should only be reported on Care Type 4 episodes when an ECT has been performed. However, this edit will not check the X4 Diagnosis Record for the presence of the ACHI code for an ECT. That function will be incorporated into Edit XXX Care Type 4, Procedure Code 93341-xx MHSWPI mismatch.</b></p>
<i>Remedy</i>	Check Care Type and Mental Health Statewide Patient Identifier, amend as appropriate and re-transmit the E4.

## Addition of Procedure Start Datetime

<b>Revision Summary</b>	Addition of a new data element: <i>Procedure Start Datetime</i> .  The introduction of these data elements would enable the Department to collect patient level information relating to surgery and procedures, which will inform service and resource planning.
<b>Implementation Guide</b>	Where a patient experiences more than one visit to theatre during the episode of care, only information on the first visit will be collected. Although limiting to one visit will not provide optimal information, the current structural limitations of PRS/2 file structures precludes collecting multiple visit information.

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## Procedure Start Datetime (*New*)

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### Specification

<b>Definition</b>	Date and Time at which a procedure commenced for an admitted patient.		
<b>Datatype</b>	Numeric	<b>Form</b>	Datetime
<b>Field size</b>	12	<b>Layout</b>	DDMMYYYYHHMM or spaces
<b>Location</b>	Diagnosis Record		
<b>Reported by</b>	All Victorian hospitals (public and private).		
<b>Reported for</b>	All admitted episodes of care where a procedure occurring in an operating room or a cardiac catheter laboratory or involving a scope is recorded as the first coded procedure. (Note: Time of procedure is optional and may be reported as spaces, e.g. '01052009  ').		
<b>Reported when</b>	The Diagnosis Record is reported.		
<b>Code set</b>	Valid datetime.		
<b>Reporting guide</b>	Procedure Start Datetime should be reported for an episode where the first coded procedure: (i) Occurred in an operating room (procedures with an 'OR Flag' of 'O' in the ICD-10-AM Library File for the current year. The Library file is available from: <a href="http://www.health.vic.gov.au/hdss/reffiles/2008-09/vaed/libfil08.htm">http://www.health.vic.gov.au/hdss/reffiles/2008-09/vaed/libfil08.htm</a> ); or (ii) Occurs in a cardiac catheter laboratory (The list of procedure codes is available from: <a href="http://www.health.vic.gov.au/hdss/reffiles/index.htm">http://www.health.vic.gov.au/hdss/reffiles/index.htm</a> ); or (iii) Involves the use of a scope (The list of procedure codes is available from: <a href="http://www.health.vic.gov.au/hdss/reffiles/index.htm">http://www.health.vic.gov.au/hdss/reffiles/index.htm</a> ).		

The procedure is deemed to have commenced when:

- For (i) above: the first incision is made for a surgical procedure.
- For (ii) and (iii) above - the instrument is inserted.

If the time of commencement is not available report DDMMYYYY and four spaces. If this data element is inapplicable to the episode, report all spaces in this field.

***Edits***

XXX Invalid Procedure Start DateTime  
XXX Proc Start DateTime < Adm Date or > Sep Date  
XXX Proc Start DateTime and Valid Proc Mismatch

***Related items***

Section 3 *Procedure codes*

**Administration**

***Purpose***

To enable analysis of wait times for surgical and significant procedures.

***Principal data users***

Access & Metropolitan Performance, DHS

***Collection start***

2009-10

***Definition source***

DHS