

health

# Final specifications for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2011

December 2010



# Final specifications for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2011

**December 2010**

© Copyright, State of Victoria, Department of Health, 2010

Published by the Victorian Government, Department of Health, Melbourne, Victoria. This publication is copyright, no part may be reproduced by any process except in accordance with the provisions of the *Copyright Act 1968*.

This document may be downloaded from the Department of Health web site at:  
[www.health.vic.gov.au/hdss/](http://www.health.vic.gov.au/hdss/)

Authorised by the State Government of Victoria, 50 Lonsdale Street, Melbourne.

# Contents

<b>Executive Summary</b>	<b>1</b>
<b>Introduction</b>	<b>2</b>
<b>Abbreviations, Acronyms and Symbols</b>	<b>3</b>
<b>Changes to data items</b>	<b>4</b>
<b>Specifications</b>	<b>5</b>
<b>Section Three: Data Definitions</b>	<b>5</b>
Addition of Home Birthing Program to Program Identifier	5
Change in reporting from optional to mandatory in FIM Score on Admission and Separation	7
<b>Section 8: Edits</b>	<b>10</b>
New edits	10
Edits with changed functionality but no change to wording	10
<b>Reference Files</b>	<b>11</b>
Coding Classification and Grouper Versions and ICD-10-AM/ACHI Library File	11
<b>WIES 18 Cost Weights</b>	<b>12</b>
<b>End of Financial Year Considerations</b>	<b>13</b>
Method of reporting relevant patient information from the previous financial year within the new financial year	13
<b>Test Transmissions of New 1 July 2011 Software</b>	<b>14</b>



# Executive Summary

The department's Annual Changes Governance Committee has decided that for the financial year 2011-12 data element changes will be limited to non discretionary changes such as those required under National Minimum Datasets (for example outpatients) or legislation. This does not preclude necessary changes to reference files (for example WIES weights, ICD-10-AM/ACHI Library File), data validation rules or supporting documentation. This decision was taken in the context of major change projects being undertaken in the department and in several hospitals and a need to allow data collection systems and processes to settle and return to a stable data extraction environment.

The revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2011 are summarised below:

1. Program Identifier
2. FIM Score on Admission and FIM score on Separation
3. Cost Weights
4. Library File Update

# Introduction

## Distribution and components of this document

This document has been distributed to all Victorian hospitals, software suppliers known to have Victorian clients, and to a range of industry bodies and department staff.

An updated VAED Manual will be distributed at a later date. Until then, the existing manual (available on the HDSS website at: <http://www.health.vic.gov.au/hdss/vaed/index.htm> ) and subsequent bulletins together with this document will form the admitted patient data transmission specifications for 2011–12.

Victorian hospitals are required to arrange for their software to be modified in accordance with the revised specifications.

Any questions related to this document may be directed to the HDSS Help Desk on 9096 8141, or [HDSS.HelpDesk@health.vic.gov.au](mailto:HDSS.HelpDesk@health.vic.gov.au)

## Orientation to this document

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

- New values are marked as (*New*)
- Changes to existing items are highlighted in yellow
- Redundant values and definitions relating to existing items ~~are struck through~~
- Comments relating only to the proposal document [*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 20<sup>th</sup> Edition, 1 July 2010)*
  - *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, Acronyms and Symbols

## Abbreviations and Acronyms

ABS	Australian Bureau of Statistics
ACAS	Aged Care Assessment Service
ACHI	Australian Classification of Health Interventions
AED	Admitted and Emergency Department Information
AHCA	Australian Health Care Agreement
AIHW	Australian Institute of Health and Welfare
AIMS	Agency Information Management System
APGAR	Activity, Pulse, Grimace, Appearance and Respiration – test to evaluate the health of a newborn
AR-DRG	Australian Refined Diagnosis Related Group
department	Department of Health
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
NHDD	National Health Data Dictionary
NICU	Neonatal Intensive Care Unit
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

# Changes to data items

## Change 1 – Program Identifier

**Change** Introduce a new program identifier for Home Birthing Pilot Program

**Implementation Date** 1 July 2011

**Background** A Home Birthing Pilot Program was introduced by Maternity Services. A new program identifier has been created for use by those hospitals that are running a home birthing program (Program Identifier 05 Home Birthing Program) to identify the episodes for both mother and baby.

## Change 2 – FIM Score on Admission and FIM Score on Separation

**Change** FIM score on Admission and FIM Score on Separation to become mandatory for Care Types F, E, 2, 6, 7, 9, and K (previously optional)

**Proposed by** Sub-Acute Services

**Implementation Date** 1 July 2011

## Change 3 – Library File Update

**Change** There will be no major update to the library file in 2011. Changes may be made as the need arises throughout the year and these will be notified via the Bulletin.

## Change 4 – Cost Weights

**Change** WIES 18 Victorian Cost Weights 2011-12 to replace WIES 17

**Implementation Date** 1 July 2011

**Background** Cost weights are updated each year to support the WIES formula.

# Specifications

## Section Three: Data Definitions

### Addition of Home Birthing Program to Program Identifier

<b>Revision Summary</b>	Addition of a code, to identify home birthing patients, to the program identifier code set.
-------------------------	---

#### Data Definition:

#### Program Identifier (*Amended*)

#### 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 Department of Health 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>
	02	23 Hour Surgery Unit
	03	Restorative Care
	04	GEM Level 1
	05	Home Birthing Program

**Reporting guide** Report the corresponding code for the program when advised to do so by the Department of Health unit responsible for administration of the program, or by AED.

**02 23 Hour Surgery Unit**

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

**03 Restorative Care**

Patient identified as a Restorative Care patient as approved by the department. Use code 03 only with Care Type K.

**04 GEM Level 1**

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

**05 Home Birthing Program**

Patient identified as a Home Birthing Program patient as approved by the department. Use code 05 only.

**Edits**

- 648 Invalid Program Identifier (*Amended*)
- 649 Program Identifier Mismatch
- 650 Program Identifier 03, not approved for Restorative Care
- 651 Program Identifier 04, not approved for GEM Level 1

**Related items**

**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**

Department of Health

**Code set source**

Department of Health

## Change in reporting from optional to mandatory in FIM Score on Admission and Separation

<b>Revision Summary</b>	Change from optional to mandatory reporting of FIM Score on Admission and FIM Score on Separation for Care Types F, E, 2, 6, 7, 9, and K
-------------------------	--

**Data Definition:**

**FIM Score on Admission (a)**

**FIM Score on Separation (b)**

**Specification**

<b>Definition</b>	FIM™ Score, as assessed on admission FIM™ Score, as assessed on separation		
<b>Datatype</b>	Numeric	<b>Form</b>	Score
<b>Field size</b>	18	<b>Layout</b>	NNNNNNNNNNNNNNNNNNNN or spaces. Right justified with leading zeros.
<b>Location</b>	Sub-Acute Record		
<b>Reported by</b>	Public hospitals using the FIM™ Instrument		
<b>Reported for</b>	Optional for Care Types F, E, 2, 6, 7, 9 and K. For Care Type 8, report spaces		
<b>Reported when</b>	A Separation Date is reported in the Episode Record		
<b>Code set</b>	Report a score for each item (i.e. 1 digit score for 18 items):		

**FIM™ Scores**

Score Sequence	Motor Subscale	FIM™ Scores
1	Eating	<b>No Helper</b>
2	Grooming	7 = Complete Independence
3	Bathing	6 = Modified Independence
4	Dressing Upper Body	<b>Helper</b>
5	Dressing Lower Body	5 = Supervision or setup
6	Toileting	4 = Minimal assistance
7	Bladder Management	3 = Moderate assistance

8	Bowel Management	2 = Maximal assistance
9	Transfers – Bed/Chair/Wheelchair	1 = Total assistance
10	Transfers - Toilet	
11	Transfers – Bath/Shower	
12	Walk/Wheelchair	
13	Stairs	
	<b>Cognitive Subscale</b>	
14	Comprehension	
15	Expression	
16	Social Interaction	
17	Problem Solving	
18	Memory	

### Reporting guide

Assessment of FIM™ Scores is required at admission and separation for all S4 Records (excluding Palliative Care) where the instrument has been used for the assessment of the patient.

Statistical separations:

- From episodes with Care Types F, E, 2, 6, 7, K or 9 to episodes with Care Types F, E, 2, 6, 7, K or 9:  
Separation FIM™ of the prior episode may be repeated as the Admission FIM™ of the subsequent episode.
- From episodes with Care Types F or E to episodes with Care Types F or E:  
Admission FIM™ of prior episode may be repeated as both the Separation FIM™ of the prior episode and the Admission FIM™ of the subsequent episode.

The FIM™ on Admission should be assessed within 72 hours of episode start.

The FIM™ on Separation should be assessed within 72 hours prior to episode end.

The FIM™ on Separation for patients who die in hospital is 18 (i.e. a score of 1 for each item).

### Edits

- (a) 645 Invalid Admission FIM™
- (b) 646 Invalid Separation FIM™
- (a) 662 Adm FIM™/Functional Assessment Date/Care Type mismatch
- (b) 663 Sep FIM™/Functional Assessment Date/Care Type mismatch

### Related items

Section 3:

- Functional Assessment Date on Admission
- Functional Assessment Date on Separation
- Barthel Index Score on Admission
- Barthel Index Score on Separation

Section 4:

Care Type: Designated and Non-Designated Rehabilitation Programs (2, 6, 7 and K), Care Type: Designated Paediatric Rehabilitation Program (P), and Care

Type: Interim Care Program (F and E)

## Administration

<b>Purpose</b>	To support and further develop casemix classifications for sub-acute episodes of care.		
<b>Principal data users</b>	Ambulatory & Co-ordinated Care (Wellbeing, Integrated Care & Aged, Department of Health)		
<b>Collection start</b>	2009-10		
<b>Definition source</b>	Department of Health	Code set source	FIM™

## Section 8: Edits

### New edits

#### 662 Adm FIM™/Functional Assessment Date/Care Type mismatch

**Effect** REJECTION

**Problem** The E4 Episode Record and S4 Sub-Acute Record have an invalid combination of Care Type, FIM™ Score on Admission and Functional Assessment Date on Admission. If the Care Type is F, E, 2, 6, 7, 9 or K, a FIM™ Score on Admission and a Functional Assessment Date on Admission must be present. For other Care Types, these fields must be spaces. This edit will trigger on the S4 record only.

**Remedy** Check Care Type (E4), Functional Assessment Date on Admission (S4), and FIM™ Score on Admission (S4), amend as appropriate and re-transmit the E4 and/or S4.

#### 663 Sep FIM™/Functional Assessment Date/Care Type mismatch

**Effect** REJECTION

**Problem** The E4 Episode Record and S4 Sub-Acute Record have an invalid combination of Care Type, FIM™ Score on Separation and Functional Assessment Date on Separation. If the Care Type is F, E, 2, 6, 7, 9 or K, a FIM™ Score on Separation and a Functional Assessment Date on Separation must be present, unless the Separation Mode is D Death in which case the Functional Assessment Date on Separation may be spaces. For other Care Types, these fields must be spaces. This edit will trigger on the S4 record only.

**Remedy** Check Care Type (E4), Functional Assessment Date on Separation (S4), and Barthel Index Score on Separation (S4), amend as appropriate and re-transmit the E4 and/or S4.

### Edits with changed functionality but no change to wording

Edit number	Edit description	Functionality change
648	Invalid Program Identifier	05 Home Birthing Program added

# Reference Files

## **Coding Classification and Grouper Versions and ICD-10-AM/ACHI Library File**

Separations on or after 1 July 2011 will continue to be verified against the ICD-10-AM Seventh Edition Library File.

There will be no major update to the library file in 2011. However changes may be made as the need arises throughout the year. Updates to this file during 2011-12 will be published in the HDSS Bulletin, with the web version being amended accordingly at:

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

Separations on or after 1 July 2011 will continue to be grouped using AR-DRG Version 6.0.

# WIES 18 Cost Weights

Cost weights are updated each year to support the WIES formula. The cost weight table will be made available by the Funding Systems and Costings unit early in 2011.

# End of Financial Year Considerations

## **Method of reporting relevant patient information from the previous financial year within the new financial year**

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 2011, 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 01 July 2011:

- File transmissions with header dates prior to 01 July 2011 must contain records using the 2010–11 format/values
- File transmissions with header dates of 01 July 2011 and beyond may contain records of patients separated prior to 01 July 2011; if present, those data records must use the 2010–11 format/values
- File transmissions with header dates of 01 July 2011 and beyond may contain records of unseparated patients (those remaining in on 30 June 2011); if present, those data records must use 2011–12 format/values
- File transmissions with header dates of 01 July 2011 and beyond must contain records of patients separated on and from 01 July 2010 using the 2011–12 format/values.

# Test Transmissions of New 1 July 2011 Software

The Department of Health 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 to 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.