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| Victorian Admitted Episodes Dataset (VAED) manual 2022-23 Section 5 Compilation and submission |
| 32nd edition |
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| To receive this document in another format, email HDSS help desk <HDSS.Helpdesk@health.vic.gov.au>.Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.© State of Victoria, Australia, Department of Health, June 2022.**ISBN** 978-1-76096-796-3 **(pdf/online/MS word)**Available at [HDSS VAED](https://www.health.vic.gov.au/data-reporting/victorian-admitted-episodes-dataset) < https://www.health.vic.gov.au/data-reporting/victorian-admitted-episodes-dataset > |
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# Compilation

A VAED submission has three components: Header Record; Data Records; Trailer Records.

This section specifies the reporting requirements for data elements relating to the compilation of a VAED submission file. That is, all data elements reported in the Header and Trailer Records, and those in the Data Records that do not relate to individual episodes of care. Refer to Section 3 of this manual which provides details of data elements that relate to individual episodes of care.

**Header Record (H5)**

Identifies the source of the file, the month the file relates to, and facilitates report requests

**Data Records – all episodes**

All episodes of care require an Episode Record and Diagnosis Record to be reported:

Episode Record (E5): Containing demographic, admission, separation, and accounting data, specific to that episode

Diagnosis Record with or without an Extra Diagnosis Record X5, Y5): Containing diagnosis and procedure codes and other selected items

**Additional data Records – public hospitals only**

Extra Episode Record (J5):Additional information, specific to that episode

Subacute Record (S5): Episodes with Care Type P, 6 Rehabilitation or 9 Geriatric Evaluation and Management

Palliative Record (P5): Episodes with Care Type 8 Palliative Care or MC Maintenance Care

DVA and TAC Record (V5): Episodes with Account Class V- DVA or T- TAC

**Trailer Records (T5, U5)**

Each submission to VAED commences with a **Header Record** followed by **Data Records** and ends with two **Trailer Records**

**Transmitted Transactions Reports** (Control Reports)

A Transmitted Transactions Report is produced following processing and validation of each VAED submission file in the Transmitted Transactions Report, data records are listed in order of Transaction Type code (i.e. E5, J5, S5, P5, V5, X5, Y5), in the order in which the health service submitted them.

## Transaction Record Specification and File Structure

**File Structure Notes:**

* All fields are data type text
* All alpha characters must be in UPPERCASE
* Fields with numeric characters are right justified and zero filled
* When not required to report a data item, report spaces

**Mandatory items**

* Mandatory items are marked M in Notes column
* Additional codes in this column indicate conditions under which other items become mandatory

## Unique key links data records for one episode of care

The hospital-generated Unique Key links each set of data records relating to the one episode of care. That is, the Unique Key for one episode of care will be the same across the record types reported for that episode - Episode Record, Diagnosis Record, and so on.

When a file is created for submission to VAED, the related data records for a particular episode of care will include the components known at the time. This could be all record components, for a completed episode; that is, the Episode Record, Diagnosis/Extra Diagnosis Record, and possibly the Sub-Acute or Palliative Record or DVA and TAC Record, if applicable. If the patient is still in hospital, however, only the admission component and Status Segments of the Episode Record and the DVA and TAC Record, if applicable, can be completed.

Each time a file is submitted, these records will be updated until the episode itself and the data relating to it are completed. If necessary, the Diagnosis/Extra Diagnosis Record and Sub-Acute Record and Palliative may be reported in a later submission than the completed Episode Record.

Submissions can occur more than once a day.

## Data processing

Processing of VAED submission files at Health Technology Solutions (HTS):

* validates data submitted by hospitals
* calculates or derives additional VAED data items such as
	+ patient age
	+ Diagnosis Related Group (DRG)
	+ length of stay
* produces a control report for each VAED submission file
* retains data (for records accepted during validation process) in the database

Once a month a year-to-date copy of data is extracted from the VAED processing database and provided to the department to update the Victorian Admitted Episodes Dataset (VAED) database.

## Header Record

Header Record File Structure

| Note | Data Item | Field Size | Record Position | Layout/Code Set |
| --- | --- | --- | --- | --- |
| M | Transaction Type | 2 | 1 | H5 |
| M | Hospital Code | 3 | 3 | NNN |
| M | Start Date | 8 | 6 | DDMMYYYY |
| M | End Date | 8 | 14 | DDMMYYYY |
| O | Reporting Option | 1 | 22 | Space, 2  |
| O | Reporting Type Control | 1 | 23 | Space, E  |
| O | Reporting Type Request | 1 | 24 | Space, E |
| O | 1st request Report Code | 2 | 25 |  |
| O |  Report Parameter | 12 | 27 |  |
| O |  2nd request Report Code | 2 | 39 |  |
| O |  Report Parameter | 12 | 41 |  |
| O | 3rd request Report Code | 2 | 53 |  |
| O |  Report Parameter | 12 | 55 |  |
| O | 4th request Report Code | 2 | 67 |  |
| O |  Report Parameter | 12 | 69 |  |
| O |  5th request Report Code | 2 | 81 |  |
| O |  Report Parameter | 12 | 83 |  |
| O |  6th request Report Code | 2 | 95 |  |
| O |  Report Parameter | 12 | 97 |  |
| O | Software version/edition identifier | 3 | 109 | Optional field, free text, or spaces |
| **Total** |  | 111 |  |  |

Refer to Section 6 Request reports for details of reports available

All alpha characters are uppercase. All numeric fields are right justified and zero filled.

M Mandatory

O Optional

Reported by all Victorian hospitals (public and private).

Reported for all VAED data submission files

Reported when a file is submitted to VAED

### Reporting guide

The Header Record identifies the source of the VAED submission file, the period of time to which the file relates, and facilitates report requests.

**Data Items**

**Transaction Type**

The value identifying the Header Record is ‘H5’

**Hospital Code**

Hospital Code for the submitting hospital

**Start Date –** a valid date, one day greater than the End Date in the Header Record of the previous submission (except where the submission has the same Start and End Dates as the previous submission).

**End Date** - a valid date greater than the current Header Record’s Start Date but less than, or equal to, the End-of-Month date (being the last day of the month in which the Header Record’s Start Date is included). End Date must be less than date of submission.

**Report Option**

Default format for the Transmission Control and Reconciliation Report for this submission.

2 Validation messages, then full (accepted) transaction trail

**Reporting Type Control**

Transmission Control and Reconciliation Reports are electronic only

E Electronic only

**Reporting Type Request**

Request Reports for this submission are electronic only

E Electronic only

**Report Requests**

Up to six Request Reports may be ordered in the Header Record. Refer to Section 6 for details on ordering these reports.

**Software Version/Edition Number**

Report the version/edition of software being used by this hospital (optional). Otherwise report spaces.

## Episode Record

Refer to Section 3 for code sets for data items

Episode Record File Structure

| Note | Data Item | Field Size | Record Position | Layout |
| --- | --- | --- | --- | --- |
| M | Transaction Type | 2 | 1 | E5 |
| M | Unique Key  | 9 | 3 | AAAAAAAAA (Hospital-generated)Right justified, zero filled |
| M | Patient Identifier  | 10 | 12 | AAAAAAAAAA (Hospital generated)Right justified, zero filled  |
| M | Campus Code | 4 | 22 | NNNN |
| M | Medicare Number | 11 | 26 | NNNNNNNNNNN |
| M | Medicare Suffix | 3 | 37 | AAA or A-A |
| M | Sex | 1 | 40 | N |
| M | Marital Status | 1 | 41 | N |
| M | Date of Birth | 8 | 42 | DDMMYYYY |
| M | Postcode | 4 | 50 | NNNN |
| M | Locality | 22 | 54 | Alphanumeric, left justified |
| M | Admission Date | 8 | 76 | DDMMYYYY |
| M | Admission Time | 4 | 84 | HHMM |
| M | Admission Type | 1 | 88 | A |
| M | Admission Source | 1 | 89 | A |
| 1 | Transfer Source | 4 | 90 | NNNN |
|  | Leave with permission days MTD | 2 | 94 | NNRight justified, zero filled |
|  | Leave with permission days Financial YTD | 3 | 96 | NNNRight justified, zero filled |
|  | Leave with permission days Tot | 3 | 99 | NNNRight justified, zero filled |

2 - Status Segment occurs 7 times

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2 | Account Class | 2 | 102, 115, 128, 141, 154, 167, 180 | AA or AN |
| 2 | Accommodation Type | 1 | 104, 117, 130, 143, 156, 169, 182 | N or A |
| 2 | Qualification Status | 1 | 105, 118, 131, 144, 157, 170, 183 | A |
| 2 | Patient Days MTD | 2 | 106, 119, 132, 145, 158, 171, 184 | NN Right justified, zero filled |
| 2 | Patient Days Financial YTD | 3 | 108, 121, 134, 147, 160, 173, 186 | NNNRight justified, zero filled |
| 2 | Patient Days Total | 4 | 111, 124, 137, 150, 163, 176, 189 | NNNNRight justified, zero filled |
| 3 | Separation Date | 8 | 193 | DDMMYYYY |
| 3 | Separation Time | 4 | 201 | HHMM |
| 3 | Separation Mode | 1 | 205 | A |
| 1 | Transfer Destination | 4 | 206 | NNNN |
| 4 | Separation Referral | 4 | 210 | AAAA Left justified, trailing spaces |
| 5 | Carer Availability | 1 | 214 | N or space |
| 3 | Account Class on Separation | 2 | 215 | AA or AN |
| 3 | Accommodation Type on Separation | 1 | 217 | N or A |
| M | Care Type | 2 | 218 | AA or NN or NALeft justified, trailing space |
| M | Country of Birth | 4 | 220 | NNNN |
| M | Indigenous Status | 1 | 224 | N |
| M,6 | Criterion for Admission | 1 | 225 | A |
| M | Intended Duration of Stay | 1 | 226 | N |
| 17 | Hospital Insurance Fund (no longer reported) | 3 | 227 | Spaces or AAA or NNN  |
| M | Hospital Insurance Status | 1 | 230 | N |
| 18 | Mental Health Legal Status (no longer reported) | 1 | 231 | Space or N |
| 7 | Funding Arrangement | 1 | 232 | N  |
| 8 | Contract Type | 1 | 233 | N |
| 8 | Contract Role | 1 | 234 | A |
| 9 | Contract/Spoke Identifier | 4 | 235 | NNNN |
| 10 | Contract Leave Days - MTD | 2 | 239 | NNRight justified, zero filled  |
| 10 | Contract Leave Days - Financial YTD | 2 | 241 | NNRight justified, zero filled |
| 10 | Contract Leave Days - Total  | 2 | 243 | NNRight justified, zero filled |
|  | User Flag | 1 | 245 | Optional field, free text |
| 12 | Preferred Language | 4 | 246 | NNNN |
| 12 | Interpreter Required | 1 | 250 | N |
| 13 | ACAS Status | 1 | 251 | N |
| 15 | Mental Health Statewide Patient Identifier | 10 | 252 | ODS generated 10 digit number (NNNNNNNNNN) Right justified, zero filled |
|  | Leave Without Permission Days MTD | 2 | 262 | NN Right justified, zero filled |
|  | Leave Without Permission Days Financial YTD | 3 | 264 | NNN Right justified, zero filled |
|  | Leave Without Permission Days Total | 3 | 267 | NNNRight justified, zero filled |
| 3 | Intention to Readmit | 1 | 270 | N |
| M | Date of Birth Accuracy Flag | 3 | 271 | A |
| 7, 14 | Program Identifier | 2 | 274 | NN |
| 16,14 | Mother’s UR | 10 | 276 | AAAAAAAAAARight justified, zero filled |
| M | Admitting Unit/Specialty | 4 | 286 | AAAspace or AAAA |
| 3 | Discharging Unit/Specialty | 4 | 290 | Spaces or AAAspace or AAAA |
| 19 | Unplanned return to theatre | 1 | 294 | N or space |
| **Total** |  | **294** |  |  |

All alpha characters uppercase. All numeric fields are right justified and zero filled.

M Mandatory

1 Transfer Source: Mandatory if Admission Source = T, else spaces. Transfer Destination: Mandatory if Separation Mode = T

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 submit only when Separation Date is reported

4 Mandatory for public hospital if Separation Mode = H but report only when Separation Date is reported.

5 Mandatory for public hospitals where Care Type is 1, P, 6, 8, 9 or MC and Separation Mode is H.

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 specified funding arrangements, programs or initiatives

8 Mandatory for all hospitals involved in contracted care arrangements

9 Mandatory for all hospitals involved in contracted care or Hub and Spoke (only Hub reports) arrangements

10 Mandatory for contracting hospitals, in specific instances. Refer to Section 3.

12 Mandatory for all public hospitals

13 Mandatory for public hospitals when Care Type is 1, 4, 6, 8, 9 or MC, and patient age is greater than or equal to 50, and where the episode is not a same day episode, but report only when Separation Date is reported.

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 any episode where an ECT has been performed.

16 Mandatory for newborn episodes where the baby is born in the hospital.

17 Hospital Insurance Fund reported up to 2013-14 Optional field from 2014-15

18 Mental Health Legal Status reported up to 2017-18, optional field from 2018-19

19 Mandatory for all episodes where the patient has a surgical procedure/operation identified in the ICD-10-AM/ACHI library file as requiring this data element to be reported

Reported by all Victorian hospitals (public and private)

Reported forall admitted patient episodes of care

Reported when an episode of care has commenced, and in subsequent VAED data submission (updates) until the episode, and the data relating to that episode, are complete and correct.

**Reporting guide - general**

The Episode Record (E5) contains demographic, admission, and separation data. In addition, there are up to seven Status Segments containing accounting information recorded at admission (first Status Segment) and up to six times when there is a change to this information. In each Status Segment, there are fields for patient day counts that must be provided by the in-house system; the VAED processor does not calculate patient days.

The processor deals with counts of days (patient days, leave days with and without permission) according to the field’s relationship with the month and year in the Header Record dates.

If the Header Record identifies the month as July 2021, all the month-to-date fields in the submission will be treated as July 2021 and the year-to-date as 2021-22.

The validation process checks data in the E5, and data already held in the VAED processing database for the same Unique Key and Patient Identifier.

**E5 and V5 must be submitted together**

DVA /TAC Record, if required, must be in the same submission file as the Episode Record for the same Unique Key.

**E5 required for J5, X5/Y5, S5, P5, V5 to be accepted**

Extra Episode Record, Diagnosis Record, Sub-Acute Record, Palliative Record or DVA and TAC Record can only be accepted or retained on the VAED processing database if there is an Episode Record with the same Unique Key currently held in the database.

**Separation Date required for J5, X5/Y5, P5 S5 to be accepted**

Extra Episode Record , Diagnosis/Extra Diagnosis Record, Palliative Record or Sub-Acute Record can only be accepted when the Episode Record contains a Separation Date.

**Correction/Update**

To amend or update an Episode Record, re-submit the entire record containing the updated data. This will overwrite the Episode Record already accepted and held on the database.

For patients remaining in hospital at the end of the month, the Episode Record needs to be re-submitted with the next month’s data until the separation details are submitted, in order to update the counts of patient days and leave days each month, and for the financial year-to-date, and in total.

**Deletion**

To delete an entire Episode Record:

Re-submit the Episode Record containing all 9s in the Medicare Number field

OR

Submit only the Unique Key and the Medicare Number containing all 9s.

**Deleting an Episode Record will also delete any other type of record with the same Unique Key held by the VAED processing database.**

If the deletion is submitted after a DVA and TAC Record has been sent to DVA or TAC, the record will be flagged as deleted but will remain on the file available to the department.

A record can be deleted and re-submitted in the same submission as long as the deletion is sequenced first.

**Data Items - Transaction Type**

The value identifying the Episode Record is ‘E5’.

**Status Segments**

There are seven Status Segments available in each Episode Record.

Each Status Segment comprises a new combination of following fields – Account Class, Accommodation Type, Qualification Status

Each Status Segment records the number of Patient Days relating to that segment:

Patient Days Month-to-Date (ie, the month indicated by the Header Record)

Patient Days Financial Year-to-date (ie, the Financial year indicated by the Header Record)

Patient Days Total (ie, from the Admission Date to the Separation Date/End Date for this submission, regardless of month or financial year)

**User Flag**

Optional field

## Extra Episode Record

Refer to Section 3 for code sets for data items.

Extra Episode Record File Structure

| Note | Data Item | Field Size | Record Position | Layout |
| --- | --- | --- | --- | --- |
| M | Transaction Type | 2 | 1 | J5 |
| M | Unique Key  | 9 | 3 | AAAAAAAAA (Hospital-generated)Right justified, zero filled |
| 2 | Advance Care Directive Alert | 1 | 12 | N or space |
| 1 | Clinical Group | 12 | 13 | Characters or spaces |
| 3 | NDIS Participant Flag | 1 | 25 | N or space |
| 4 | Medically Ready for Discharge Date | 8 | 26 | DDMMYYYY or spaces |
| **Total** |  |  | **33** |  |

M Mandatory

1 Optional

2 Mandatory if Care Type is not 10 or U, optional for Care Type 10 or U

3 Mandatory if Care Type is 1, 4, 6, 8, 9, P, MC, and Separation Mode is not Z

4 Optional for multi-day episode if Care Type is 1, 4, 6, 8, 9, P, or MC

Reported by public hospitals

Reported for all admitted patient episodes of care

Reported when a Separation Date is reported in the Episode Record

**Reporting guide - general**

The Extra Episode Record (J5) contains additional data relevant to the episode. When a J5 is submitted, the validation process checks data in the J5 and data already held in the VAED processing database for the same Unique Key.

**E5 required for J5, X5/Y5, S5, P5, V5 to be accepted**

Extra Episode Record, Diagnosis Record, Sub-Acute Record, Palliative Record or DVA and TAC Record can only be accepted if there is an Episode Record with the same Unique Key currently held on the VAED processing.

**Separation Date required for J5, X5/Y5, P5, S5 to be accepted**

Extra Episode Record, Diagnosis/Extra Diagnosis Record, Palliative Record or Sub-Acute Record can only be accepted when the Episode Record contains a Separation Date.

**Correction/Update**

To amend or update an Extra Episode Record, re-submit the entire record containing the updated data. This will overwrite the Extra Episode Record already accepted and held on the VAED processing database.

**Data Items - Transaction Type**

The value identifying the Extra Episode Record is ‘J5’.

## Diagnosis Record

Refer to Section 3 for code sets for data items. When not required to report a data item, report spaces.

Diagnosis Record File Structure

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Note | Data Item | Field Size | Record Position | Layout |
| M | Transaction Type | 2 | 1 | X5 |
| M | Unique Key  | 9 | 3 | AAAAAAAAA (Hospital generated)Right justified, zero filled |
| 1 | Diagnosis Code x 12 each code | 8(8 x 12) | 12 | AANNNN Each left justified, trailing spaces |
| 2 | Procedure Code x 12 each code | 8(8 x 12) | 108 | NNNNNNNAEach left justified, trailing spaces |
| 3 | Admission Weight | 4 | 204 | NNNN (Admission Weight in grams)  |
| 8 | User Flag | 1 | 208 | Optional field, free text |
| 4, 8 | Duration of Stay in Intensive Care Unit | 4 | 209 | NNNNRight justified, zero filled |
| 5, 8 | Duration of Mechanical Ventilation in ICU | 4 | 213 | NNNNRight justified, zero filled |
| 6, 8 | Hospital Generated DRG | 4 | 217 | ANNA or NNNA |
| 7, 8 | Duration of Stay in Cardiac/Coronary Care Unit | 4 | 221 | NNNNRight justified, zero filled |
| 8, 11 | Duration of Non-Invasive Ventilation in ICU | 4 | 225 | NNNNRight justified, zero filled |
| 9 | Procedure Start Date Time | 12 | 229 | DDMMYYYYHHMM |
| 10 | Care Plan Documented Date | 8 | 241 | DDMMYYYY |
| 12 | Proceduralist ID | 13 | 249 | XXXXXXXXXXXXX |
| **Total** |  | **261** |  |  |

All alpha characters uppercase. All numeric fields right justified with leading zeros

M Mandatory

1 First diagnosis code is mandatory.

2 Eighth character is F or N for procedures occurring in the contracted hospital when reported by the contracting hospital

3 Mandatory if patient aged <1 year at admission

4 Mandatory for patients cared for in an approved ICU, contracting hospitals (refer Section 3)

5 Mandatory for patients who received mechanical ventilation in an approved ICU, contracting hospitals (refer Section 3)

6 Optional but recommended for all hospitals with grouping software

7 Mandatory for patients cared for in an approved CCU, contracting hospitals (refer Section 3)

8 Where a field at the end of a record has a value of space(s), the record can be ended at the last field where a value is not space

9 Mandatory (Time – conditional mandatory) for all episodes where the first coded procedure is one identified in the ICD-10-AM/ACHI Library file as requiring Procedure Start Date Time, Mandatory for private hospital episodes in which an ECT has been performed

10 Mandatory for episodes with Care Types 6, P, 8, 9, or MC with Separation Date 7 days or more after Admission Date

11 Mandatory for public hospitals providing NIV in an approved ICU, public contracting hospitals (refer Section 3).

12 Optional in 2022-23 for all episodes where the first coded procedure is one identified in the ICD-10-AM/ACHI Library file as requiring Procedure Start Date Time, and episodes where Procedure Start Date Time is reported. Mandatory in 2023-24.

Reported by all Victorian hospitals (public and private)

Reported for all admitted patient episodes of care

Reported when a Separation Date is reported in the Episode Record (Data Submission Scheduling)

**Reporting guide - general**

The Diagnosis Record accepts up to 12 diagnosis and 12 procedure codes, along with a range of other items, as listed in the file structure. Each admitted patient episode of care must be coded regardless of whether the DRG allocated is relevant for funding.

When an X5 is submitted, the validation process checks data in the X5 and data already held in the VAED processing database for the same Unique Key and Patient Identifier.

**Correction/Update**

To amend a Diagnosis Record, re-submit the Diagnosis Record. This will overwrite the record held in the database and cause the DRG to be re assigned.

**Deletion**

To delete a Diagnosis Record, zero-fill the first diagnosis code and leave the rest of the record blank, then re-submit the Diagnosis Record.

If an Episode Record is deleted, the Diagnosis Record is deleted automatically. Re-submitting the Episode Record alone will not re-generate the Diagnosis Record; the Diagnosis Record must also be re-submitted.

A record can be deleted and re-submitted in the same file, provided the deletion is sequenced first.

**Data items - Transaction Type**

The value identifying the Diagnosis Record is ‘X5’.

**User Flag** Optional field

## Extra Diagnosis Record

Refer to Section 3 for code sets for data items. When not required to report a data item, report spaces.

Extra Diagnosis Record File Structure

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Note | Data Item | Field Size | Record Position | Layout/Code Set |
| M | Transaction Type | 2 | 1 | Y5 |
| M | Unique Key  | 9 | 3 | AAAAAAAAA (Hospital generated)Right justified, zero filled |
|  | Diagnosis Code (13 to 25) | 8(8 x 13) | 12 | AANNNNEach left justified and with trailing spaces |
| 1, 2 | Procedure Code (13 to 25) | 8(8 x 13) | 116 | NNNNNNNAEach left justified and with trailing spaces |
| 2 | Diagnosis Code (26 to 40) | 8(8 x 15) | 220 | AANNNNEach left justified and with trailing spaces |
| 1, 2 | Procedure Code (26 to 40) | 8(8 x 15) | 340 | NNNNNNNAEach left justified and with trailing spaces |
| **Total** |  | **459** |  |  |

MMandatory

1 Eighth character is F or N for procedures occurring in the contracted hospital when reported by the contracting hospital, else space.

2 Where a field at the end of a record has a value of space(s), the record can be ended at the last field where a value is not space(s).

Reported by public and private hospitals - optional

That is, a hospital may choose whether to report more than 12 diagnosis and 12 procedure codes for episodes where more than 12 of either have been assigned.

Reported for each episode that has more than 12 diagnosis and/or 12 procedure codes assigned.

Reported when a Separation Date has been reported in the Episode Record.

**Reporting guide - general**

The Extra Diagnosis Record accepts up to 28 extra diagnosis and/or procedure codes, for each applicable episode of care, therefore a maximum of 40 diagnosis and 40 procedure codes. (The Diagnosis Record accepts the first twelve of each.)

Always submit the Extra Diagnosis Record immediately following the corresponding Diagnosis Record (matching Unique Keys).

When a Y5 is submitted with an X5 the validation process checks data in the X5/Y5 and data already held in the database for the same Unique Key and Patient Identifier.

**Correction/Update**

To correct or update an Extra Diagnosis Record, re-submit the Diagnosis Record immediately followed by the updated Extra Diagnosis Record. This will overwrite all fields already held in the VAED processing database and re assign the DRG.

**Deletion**

To delete an Extra Diagnosis Record, zero-fill the first diagnosis code and leave the rest of the record blank, then re-submit the Extra Diagnosis Record.

A record can be deleted and re-submitted in the same file, provided the deletion is sequenced first.

If an Episode Record is deleted, both the Diagnosis Record and Extra Diagnosis Record will automatically be deleted from the VAED processing database. Re-submitting the Episode Record alone will not re-generate the Diagnosis Record and Extra Diagnosis Record; they must also be re-submitted.

**Data Items**

**Transaction Type**

The value identifying the Extra Diagnosis Record is ‘Y5’.

## Subacute Record

Refer to Section 3 for code sets for data items. When not required to report a data item, report spaces.

Subacute Record File Structure

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Note | Data Item | Field Size | Record Position | Layout/Code Set |
| M | Transaction Type | 2 | 1 | S5 |
| M | Unique Key  | 9 | 3 | Hospital generatedRight justified, zero filled |
| M | Patient Identifier  | 10 | 12 | Hospital generatedRight justified, zero filled  |
| F | Barthel Index Score on Admission (no longer reported) | 3 | 22 | Spaces |
| F | Barthel Index Score on Separation (no longer reported) | 3 | 25 | Spaces |
| E | Clinical Sub-program (no longer reported) | 3 | 28 | Spaces  |
| C | Onset Date | 8 | 31 | DDMMYYYY or spaces |
| F | Admission/Re-admission to Rehabilitation (no longer reported) | 1 | 39 | Space |
| O | User Flag | 1 | 40 | Optional field, free text |
| B | Functional Assessment Date on Admission | 8 | 41 | DDMMYYYY or spaces |
| B | Functional Assessment Date on Separation | 8 | 49 | DDMMYYYY or spaces |
| C | Impairment | 6 | 57 | From code list or spaces |
| B | FIMTM Score on Admission | 18 | 63 | NNNNNNNNNNNNNNNNNN or spacesRight justified, zero filled |
| B | FIMTM Score on Separation | 18 | 81 | NNNNNNNNNNNNNNNNNN or spacesRight justified, zero filled |
| **Total** |  | **Total 98** |  |  |

All alpha characters uppercase. All numeric fields right justified and zero filled.

M Mandatory

B Mandatory if Care Type = 6 or 9

C Mandatory if Care type = 6 or P

E Clinical Sub-program reported up to 2012-13. Report spaces.

F Barthel Index Score and Admission/ Re-admission to Rehabilitation reported up to 2013-14. Report spaces

O Optional

Reported by public hospital (private hospitals do not report S5s)

Reported for Care Types P, 6, 9 only

Reported when a Separation Date is reported in the Episode Record

**Reporting guide General**

The data items collected in the Subacute Record (marked with an \* in the table below) are needed for the support and further development of casemix classifications for subacute episodes.

S5 Subacute Record – reporting by Care Type

|  |  |  |  |
| --- | --- | --- | --- |
| Subacute Record field | RehabCare Type 6 | RehabCare Type P | GEM Care Type 9 |
| Transaction Type | S5 | S5 | S5 |
| Unique Key | \* | \* | \* |
| Patient Identifier | \* | \* | \* |
| Functional Assessment Date on Admission | \* | Spaces | \* |
| Functional Assessment Date on Separation | \* | Spaces | \* |
| Onset Date | \* | \* | Spaces |
| Impairment | \* | \* | Spaces |
| FIMTM Score on Admission | \* | Spaces | \* |
| FIMTM Score on Separation | \* | Spaces | \* |

When an S5 is submitted, the validation process checks data in the S5 and data already held in the VAED processing database for the same Unique Key and Patient Identifier.

**Correction**

To correct a Subacute Record, re-submit the entire Subacute Record, including the corrections. This will overwrite the existing record.

**Deletion**

To delete a Subacute Record (S5), re-submit S5 with the same Unique Key and all 9s in the Impairment field (including GEM episodes).

If an Episode Record (E5) is deleted, the S5 will automatically be deleted. Re-submitting the E5 alone will not re-generate the S5; the S5 must also be re-submitted. A record can be deleted and re-submitted in the same submission if the deletion is sequenced first.

**Data Items - Transaction Type**

The value identifying the Subacute Record is ‘S5’.

## Palliative Record

Palliative Record File Structure

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Note | Data Item | Field Size | Record Position | Layout/Code Set |
| M, A | Transaction Type | 2 | 1 | P5 |
| M, A | Unique Key  | 9 | 3 | AAAAAAAAA (Hospital generated)Right justified, zero filled |
| M, A | Patient Identifier  | 10 | 12 | AAAAAAAAAA (Hospital generated)Right justified, zero filled  |
| M, A | RUG ADL on Admission | 2 | 22 | NNRight justified, zero filled |
| M, A | RUG ADL on Separation | 2 | 24 | NNRight justified, zero filled |
| M | Source of Referral to Palliative Care | 2 | 26 | NN  |
| M | Phase of Care on Admission | 1 | 28 | N |
| 2 | Final Phase of Care | 1 | 29 | N  |
| 1 | Phase of Care Change Date | 8 | 30, 41, 52, 63, 74, 85, 96, 107, 118, 129 | DDMMYYYY |
| 1 | Phase of Care on Phase Change | 1 | 38, 49, 60, 71, 82, 93, 104, 115, 126, 137 | N |
| 1 | RUG ADL on Phase Change | 2 | 39, 50, 61, 72, 83, 94, 105, 116, 127, 138 | NN |
| O | User Flag | 1 | 140 | Optional field, free text |
| 2 | Final Phase of Care Start Date | 8 | 141 | DDMMYYYY |
| 2 | RUG ADL on start Final Phase of Care | 2 | 149 | NNRight justified, zero filled  |
| M | Preferred Death Place | 2 | 151 | NN |
| O | Triage Score on Admission | 3 | 153 | NNN |
| 3 | Leave days – Phase of Care on Admission | 2 | 156 | NNRight justified, zero filled |
| 3 | Leave days – Phase of Care Change (1-10) | 2 | 158, 160, 162, 164, 166, 168, 170, 172, 174, 176 | NNRight justified, zero filled |
| 3 | Leave days – Final Phase of Care | 2 | 178 | NNRight justified, zero filled |
| **Total** |  | **179** |  |  |

All alpha characters uppercase. All numeric fields right justified and zero filled. Notes M, 1 and 2 apply only to Palliative Care.

M Mandatory for Palliative Care

1 In each segment if any field is present, then all fields for that segment must be present

O Optional

2 Only reported when more than 10 changes of Phase of Care occur. If any field is present, then all three fields must be present

A Mandatory for Maintenance Care

3 Report leave days for each Phase of Care. (Note: Leave days – Final Phase of Care (c) includes leave days during the Final Phase of Care plus leave days during any Phases of Care omitted from reporting)

Reported by public hospitals (private hospitals do not report P5s)

Reported for Care Type 8 Palliative Care and MC Maintenance Care

Reported when a Separation Date is reported in the Episode Record

**Reporting guide**

When a P5 is submitted, the validation process checks data in the P5 and data already held in the VAED processing database for the same Unique Key and Patient Identifier.

**Correction**

To correct a Palliative Record, re-submit the entire Palliative Record, including the corrections. This will overwrite the existing record.

**Deletion**

To delete a Palliative Record (P5), re-submit a P5 with the same Unique Key, and enter all 9s in the RUG ADL on Admission.

If an Episode Record (E5) is deleted, the P5 will automatically be deleted. Re-submitting the E5 alone will not re-generate the P5; the P5 must also be re-submitted.

A record can be deleted and re-submitted in the same submission as long as the hospital sequences the deletion first.

**Data Items**

**Transaction Type**

The value identifying the Palliative Record is ‘P5’.

**User Flag**

Optional field

## DVA and TAC Record

DVA and TAC Record File Structure

| Note | Data Item | Field Size | Record Position | Layout/Code Set |
| --- | --- | --- | --- | --- |
| M | Transaction Type | 2 | 1 | V5 |
| M | Unique Key  | 9 | 3 | AAAAAAAAA (Hospital generated)Right justified, zero filled |
| M | Patient Identifier  | 10 | 12 | AAAAAAAAAA (Hospital generated)Right justified, zero filled |
| M | DVA ID / TAC Claim Number | 9 | 22 | AAAANNNNX or AAAANNNNXA (DVA)YYXXXXX (TAC)Refer to Section 3 |
| M | Surname  | 25 | 31 | Refer to Section 3  |
| M | Given Name(s)  | 15 | 56 | Refer to Section 3  |
| 1 | Admission Date | 8 | 71  | DDMMYYYY |
| 1 | Separation Date | 8 | 79 | DDMMYYYY |
| 2, 3 | Date of Accident | 8 | 87 | DDMMYYYY  |
| 3 | User Flag | 1 | 95 | Optional field, free text or space |
| Total |  | 95 |  |  |

All alpha characters must be uppercase. All numeric fields right justified and zero filled.

M Mandatory

1 These dates must match those in the corresponding Episode Record.

2 Mandatory if Account Class = T- TAC, else spaces.

3 Where a field at the end of a record has a value of space(s), the record can be ended at the last field where a value is not space(s).

Reported by public hospitals (private hospitals do not report V5s)

Reported for admitted patient episodes with an Account Class of V- DVA or T- TAC.

Reported when the Episode Record is reported (each time)

**Reporting guide General**

The DVA and TAC Record (V5) allows public hospitals to report the necessary additional information about a DVA or TAC patient to facilitate payment for the episode.

**Correction/Update**

To correct a V5, re-submit the entire V5 (together with the E5), including the corrections. This will overwrite the existing record.

**Deletion**

VAED processing requires a matching Episode (E5) and DVA and TAC (V5) pair of records to be retained on the system.

The only way to delete a DVA and TAC Record is to delete the corresponding E5. This will automatically delete the V5.

Re-submitting the E5 alone will not re-generate the V5; the V5 must also be re-submitted. If the deletion is submitted after the DVA and TAC Record has been sent to DVA or TAC as relevant, the record will be flagged as cancelled but will remain on the file available to the department.

A record can be deleted and re-submitted in the same submission provided the deletion is sequenced first.

**Data Items**

**Transaction Type**

The value identifying the DVA and TAC Record is ‘V5’.

**User Flag**

Optional field

**Validation**

The following rules apply to DVA and TAC data:

* If, in this submission, there is an E5 with Account Class V- DVA or T- TAC, then there must be a V5 with the same Unique Key in this submission.
* If either the E5 or V5 fails the validation, both E5 and V5 will be rejected.
* The E5 and V5 Records of DVA and TAC patients are subject to the Transaction Matching process before the Submitted Transaction process:

The Transaction Match process:

* verifies the presence of one E5 and one V5 for any Unique Key
* checks Admission and Separation Dates for consistency between the E5 and V5
* checks V5s for validity
* rejects the pairs of records which fail these checks.

## Trailer Records

**General**

Two Trailer Records end each VAED submission.

The only mandatory data items are:

Transaction Type and Hospital code

Reporting of all other data items is optional

**Mapping VAED fields to Trailer Records**

The Trailer Records contain fields which report separations and patient days by aggregated Account Class groups. This section describes the mapping between Account Classes and these groups (‘Trailer Record Categories’), which differ between public and private hospitals.

Public Hospitals - Account Class

|  |  |
| --- | --- |
| Trailer Record Category | Account Classes |
| Public – Acute (both Separations and Patient Days) | MP, ME, MF, MA, JP |
| Private – Acute (both Separations and Patient Days) | PA, PB, PC, PD, PE, PF, PG, PH, PI, PJ, PK, PL, PM, PN, PO, PP, PQ, PR, VX |
| Compensable – Acute (both Separations and Patient Days) | WC, TA, AS, SS, CL, OO |
| Ineligible – Acute (both Separations and Patient Days) | XX |
| Public NHT – NH5 (both Separations and Patient Days) | M5 |
| Public NHT – Non NH5 (both Separations and Patient Days) | MN, JN |
| Private NHT – NH5 (both Separations and Patient Days) | PT, PV, V5 |
| Private NHT – Non NH5 (both Separations and Patient Days) | PS, PU, VN |
| Compensable – Non‑Acute (both Separations and Patient Days) | WN, TN, AN, SN, CN, ON |
| Ineligible – Non‑Acute (both Separations and Patient Days) | XN |
| Public – Same Day | MP, ME, MF, MN, M5, MA, JP, JN |
| Private – Same Day | PA, PB, PC, PD, PE, PF, PG, PH, PI, PJ, PK, PL, PM, PN, PO, PP, PQ, PR, PS, PT, PU, PV, VX, VN, V5 |
| Compensable – Same Day | WC, WN, TA, TN, AS, AN, SS, SN, CL, CN, OO, ON |
| Ineligible – Same Day | XX, XN |
| Posthumous Organ Procurement | KK |

Private Hospitals and Day Procedure Centres - Account Class

|  |  |
| --- | --- |
| Trailer Record Category | Account Classes |
| Private – Acute (both Separations and Patient Days) | PA, PB, PC, PD, PE, PF, PG, PH, PI, PJ, PK, PL, PM, PN, PO, PP, PQ, PR, VX |
| Private – Nursing Home Type (both Separations and Patient Days) | PS, PT, PU, PV, VN, V5 |
| Compensable (both Separations and Patient Days) | WC, WN, TA, TN, AS, AN, SS, SN, CL, CN, OO, ON |
| Ineligible (both Separations and Patient Days) | XX, XN |
| Public – Under Contract (both Separations and Patient Days) | MP |
| Private – Same Day | PA, PB, PC, PD, PE, PF, PG, PH, PI, PJ, PK, PL, PM, PN, PO, PP, PQ, PR, PS, PT, PU, PV, VX, VN, V5 |
| Compensable – Same Day | WC, WN, TA, TN, AS, AN, SS, SN, CL, CN, OO, ON |
| Ineligible – Same Day | XX, XN |
| Public – Under Contract – Same Day | MP |

Trailer Record 1: Private Hospitals and Day Procedure Centres File Structure

| Note | Data Item | Field Size | Record Position | Layout/Code Set |
| --- | --- | --- | --- | --- |
| M | Transaction Type | 2 | 1 | T5 |
| M | Hospital Code | 3 | 3 | NNN |
| O | Total Number of Records | 5 | 6 | NNNNN |
| O | Episode New | 4 | 11 | NNNN |
| O | Episode Corrections | 4 | 15 | NNNN |
| O | Episode Deletions | 4 | 19 | NNNN |
| O | Diagnosis New | 4 | 23 | NNNN |
| O | Diagnosis Corrections | 4 | 27 | NNNN |
| O | Diagnosis Deletions | 4 | 31 | NNNN |
| O | MTD Admissions (includes Statistical) | 4 | 35 | NNNN |
| O | MTD Separations (includes Statistical) | 4 | 39 | NNNN |
| O | MTD Statistical Separations | 4 | 43 | NNNN |
| O | MTD On Leave With or Without Permission at End Date | 3 | 47 | NNN |
| O | Actual Remaining in at End Date  | 4 | 50 | NNNN |
| O | MTD Patient Days | 5 | 54 | NNNNN |
| O | Fin YTD Admissions (includes Statistical) | 5 | 59 | NNNNN |
| O | Fin YTD Statistical Separations | 5 | 69 | NNNNN |
| O | Fin YTD Patient Days | 6 | 74 | NNNNNN |
| O | Private Separations | 4 | 80 | NNNN or spaces |
| O | Private Patient Days | 5 | 84 | NNNNN or spaces |
| O | Private NHT Separations | 4 | 89 | NNNN or spaces |
| O | Private NHT Patient Days | 5 | 93 | NNNNN or spaces |
| O | Compensable Separations | 4 | 98 | NNNN or spaces |
| O | Compensable Patient Days | 5 | 102 | NNNNN or spaces |
| O | Ineligible Separations | 4 | 107 | NNNN or spaces |
| O | Ineligible Patient Days | 5 | 111 | NNNNN or spaces |
| O | Public contract Separations | 4 | 116 | NNNN or spaces |
| O | Public contract Patient Days | 5 | 120 | NNNNN or spaces |
| O | Private - Same Day | 4 | 125 | NNNN or spaces  |
| O | Compensable - Same Day | 4 | 129 | NNNN or spaces |
| O | Ineligible - Same Day | 4 | 133 | NNNN or spaces |
| O | Public - Under Contract – Same-Day | 4 | 137 | NNNN or spaces |

All numeric fields must be right justified and zero-filled.

M Mandatory

O Optional

Trailer Record 1: Public Hospitals File Structure

| Note | Data Item | Field Size | Record Position | Layout/Code Set |
| --- | --- | --- | --- | --- |
| M | Transaction Type | 2 | 1 | T5 |
| M | Hospital Code | 3 | 3 | NNN |
| O | Total Number of Records | 5 | 6 | Spaces or NNNNN |
| O | Episode New | 4 | 11 | Spaces or NNNN |
| O | Episode Corrections | 4 | 15 | Spaces or NNNN |
| O | Diagnosis New | 4 | 23 | Spaces or NNNN |
| O | Diagnosis Corrections | 4 | 27 | Spaces or NNNN |
| O | Diagnosis Deletions | 4 | 31 | Spaces or NNNN |
| O | DVA and TAC New | 4 | 35 | Spaces or NNNN |
| O | DVA and TAC Corrections | 4 | 39 | Spaces or NNNN |
| O | DVA and TAC Deletions | 4 | 43 | Spaces or NNNN |
| O | Subacute New | 4 | 47 | Spaces or NNNN |
| O | Subacute Corrections | 4 | 51 | Spaces or NNNN |
| O | Subacute Deletions | 4 | 55 | Spaces or NNNN |
| O | Palliative New | 4 | 59 | Spaces or NNNN |
| O | Palliative Corrections | 4 | 63 | Spaces or NNNN |
| O | Palliative Deletions | 4 | 67 | Spaces or NNNN |
| O | MTD Admissions (includes Statistical) | 4 | 71 | Spaces or NNNN |
| O | MTD Statistical Separations | 4 | 79 | Spaces or NNNN |
| O | On Leave With or Without Permission at End Date | 3 | 83 | NNN |
| O | Actual Remaining In at End Date  | 4 | 86 | NNNN |
| O | Patient Days | 5 | 90 | NNNNN |
| O | Fin YTD Admissions (includes Statistical) | 5 | 95 | NNNNN |
| O | Fin YTD Separations (includes Statistical) | 5 | 100 | NNNNN |
| O | Fin YTD Statistical Separations | 5 | 105 | NNNNN |
| O | Patient Days | 6 | 110 | NNNNNN |
| O | EOM public acute Separations | 4 | 116 | NNNN or spaces |
| O | EOM public acute Patient Days | 5 | 120 | NNNNN or spaces |
| O | Private Acute Separations | 4 | 125 | NNNN or spaces |
| O | Private Acute Patient Days | 5 | 129 | NNNNN or spaces |
| O | Compensable Acute Separations | 4 | 134 | NNNN or spaces |
| O | Compensable Acute Patient days | 5 | 138 | NNNNN or spaces |
| O | Ineligible Acute Separations | 4 | 143 | NNNN or spaces |
| O | Ineligible Acute Patient Days | 5 | 147 | NNNNN or spaces |
| O | Public NHT NH5 Separations | 4 | 152 | NNNN or spaces |
| O | Patient days | 5 | 156 | NNNNN or spaces |
| O | Public NHT Non NH5 Separations | 4 | 161 | NNNN or spaces |
| O | Patient days | 5 | 165 | NNNNN or spaces |
| O | Private NHT NH5 Separations | 4 | 170 | NNNN or spaces |
| O | Patient days | 5 | 174 | NNNNN or spaces |
| O | Private NHT Non NH5 Separations | 4 | 179 | NNNN or spaces |
| O | Patient days | 5 | 183 | NNNNN or spaces |
| O | Compensable non-acute Separations | 4 | 188 | NNNN or spaces |
| O | Patient days | 5 | 192 | NNNNN or spaces |
| O | Ineligible non-acute Separations | 4 | 197 | NNNN or spaces |
| O | Patient days | 5 | 201 | NNNNN or spaces |
| O | Public - Same Day | 4 | 206 | NNNN or spaces |
| O | Private – Same Day | 4 | 210 | NNNN or spaces |
| O | Compensable - Same Day | 4 | 214 | NNNN or spaces |
| O | Ineligible - Same Day | 4 | 218 | NNNN or spaces |
| O | Number of Entirely Unqualified Episodes | 3 | 222 | NNN or spaces |
| O | Number of Unqualified Days | 4 | 225 | NNNN or spaces |
| O | Posthumous Organ Procurement Separations | 2 | 229 | NN or spaces |
| O | Patient Days | 3 | 231 | NNN or spaces |
| O | Filler | 7 | 234 | Spaces |
| Total |  | 240 |  |  |

All numeric fields must be right justified and zero-filled.

M Mandatory

O Optional

Trailer Record 2: Private Hospitals and Day Procedure Centres File Structure

| Note | Data Item | Field Size | Record Position | Layout/Code Set |
| --- | --- | --- | --- | --- |
| M | Transaction Type | 2 | 1 | U5 |
| M | Hospital Code  | 3 | 3 | NNN |
| O | Private Acute - YTD Separations | 5 | 6 | NNNNN or spaces |
| O | Private Acute - YTD Patient Days | 6 | 11 | NNNNNN or spaces |
| O | Total Patient Days for YTD Separations | 6 | 17 | NNNNNN or spaces |
| O | Private NHT - YTD Separations | 5 | 23 | NNNNN or spaces |
| O | Private NHT - YTD Patient Days | 6 | 28 | NNNNNN or spaces |
| O | Total Patient Days for YTDSeparations | 6 | 34 | NNNNNN or spaces |
| O | Compensable - YTD Separations | 5 | 40 | NNNNN or spaces |
| O | Compensable - YTD Patient Days | 6 | 45 | NNNNNN or spaces |
| O | Total Patient Days for YTD Separations | 6 | 51 | NNNNNN or spaces |
| O | Ineligible YTD Separations | 5 | 57 | NNNNN or spaces |
| O | Ineligible YTD Patient Days | 6 | 62 | NNNNNN or spaces |
| O | Total Patient Days for YTD Separations | 6 | 68 | NNNNNN or spaces |
| O | Ineligible Public under contract YTD Separations | 5 | 74 | NNNNN or spaces |
| O | Ineligible Public under contract YTD Patient Days | 6 | 79 | NNNNNN or spaces |
| O | Total Patient Days for YTD Separations | 6 | 85 | NNNNNN or spaces |
| O | YTD Private - Same Day | 5 | 91 | NNNNN or spaces |
| O | YTD Ineligible - Same Day | 5 | 101 | NNNNN or spaces |
| O | YTD Public - Under Contract -Same Day | 5 | 106 | NNNNN or spaces |

All numeric fields must be right justified and zero-filled.

M Mandatory

O Optional

Trailer Record 2: Public Hospitals File Structure

| Note | Data Item | Field Size | Record Position | Layout/Code Set |
| --- | --- | --- | --- | --- |
| M | Transaction Type | 2 | 1 | U5 |
| M | Hospital Code  | 3 | 3 | NNN |
| O | Public Acute YTD Separations | 5 | 6 | NNNNN or spaces |
| O | Public Acute YTD Patient Days | 6 | 11 | NNNNNN or spaces |
| O | Total Patient Days for YTD Separations | 6 | 17 | NNNNNN or spaces |
| O | Private Acute YTD Separations | 5 | 23 | NNNNN or spaces |
| O | Private Acute YTD Patient Days | 6 | 28 | NNNNNN or spaces |
| O | Total Patient Days for YTD Separations | 6 | 34 | NNNNNN or spaces |
| O | Compensable Acute YTD Separations | 5 | 40 | NNNNN or spaces |
| O | Compensable Acute YTD Patient Days | 6 | 45 | NNNNNN or spaces |
| O | Total Patient Days for YTD Separations | 6 | 51 | NNNNNN or spaces |
| O | Ineligible Acute YTD Separations | 5 | 57 | NNNN or spaces |
| O | Ineligible Acute YTD Patient Days | 6 | 62 | NNNNNN or spaces |
| O | Total Patient Days for YTD Separations | 6 | 68 | NNNNNN or spaces |
| O | Public NHT YTD Separations | 5 | 74 | NNNNN or spaces |
| O | Public NHT YTD Patient Days | 6 | 79 | NNNNNN or spaces |
| O | Total Patient Days for YTD Separations | 6 | 85 | NNNNNN or spaces |
| O | Public Acute Non NH5 YTD Separations | 5 | 91 | NNNNN or spaces |
| O | Public Acute Non NH5 YTD Patient Days | 6 | 96 | NNNNNN or spaces |
| O | Total Patient Days for YTD Separations | 6 | 102 | NNNNNN or spaces |
| O | Private NHT NH5 YTD Separations | 5 | 108 | NNNNN or spaces |
| O | Private NHT NH5 YTD Patient Days | 6 | 113 | NNNNNN or spaces  |
| O | Total Patient Days for YTD Separations | 6 | 119 | NNNNNN or spaces |
| O | Private NHT Non NH5 YTD Separations | 5 | 125 | NNNNN or spaces |
| O | Private NHT Non NH5YTD Patient Days | 6 | 130 | NNNNNN or spaces |
| O | Total Patient Days for YTD Separations | 6 | 136 | NNNNNN or spaces |
| O | Compensable non-acute YTD Separations | 5 | 142 | NNNNN or spaces |
| O | Compensable non acute YTD Patient days | 6 | 147 | NNNNNN or spaces |
| O | Total Patient Days for YTD Separations | 6 | 153 | NNNNNN or spaces |
| O | Ineligible non-acute YTD Separations | 5 | 159 | NNNNN or spaces |
| O | Ineligible non-acute YTD Patient Days | 6 | 164 | NNNNNN or spaces |
| O | Total Patient Days for YTD Separations | 6 | 170 | NNNNNN or spaces |
| O | Separations YTD Public — Same Day | 5 | 176 | NNNNN or spaces |
| O | Separations YTD Private — Same Day | 5 | 181 | NNNNN or spaces |
| O | Separations YTD Compensable — Same Day | 5 | 186 | NNNNN or spaces |
| O | Separations YTD Ineligible — Same Day | 5 | 191 | NNNNN or spaces |
| O | Number of Entirely Unqualified Episodes | 4 | 196 | NNNN or spaces |
| O | Number of Unqualified Days | 5 | 200 | NNNNN or spaces |
| O | Posthumous organ procurement YTD Separations | 4 | 205 | NNNN or spaces |
| O | Posthumous organ procurement YTD Patient Days | 5 | 209 | NNNNNN or spaces |
| O | Total Patient Days for YTD Separations | 5 | 214 | NNNNNN or spaces |

All numeric fields must be right justified and zero-filled.

M Mandatory

O Optional

# Submission

Data must be submitted in ASCII CR/LF delimited files generated by hospital management systems.

## Data submission timeline

All Victorian hospitals are required to submit data to the VAED at least monthly.

Public hospitals – data submission timeline for 2022-23

|  |  |
| --- | --- |
| 2022-23 | Timeline |
| Admission and separation details for the month (E5, J5 and V5 records) | Must be submitted by 5.00pm on the 10th day of the following month  |
| Diagnosis and procedure, sub-acute and palliative details (X5, Y5, S5 and P5 records) | Must be submitted by 5.00pm on the 10th day of the second month following separation |
| Data for the 2022-23 financial year | Must be submitted by 5.00pm on 10 August 2023 |
| Final corrections to data for 2022-23 | Must be submitted by 5.00pm on the date advised in the *Policy and funding guidelines 2022-23* |

Where public health services are noncompliant with the timelines specified above, penalties may apply. Refer to the *Policy and funding guidelines 2022-23*.

Public hospitals unable to submit patient-level data to the VAED must submit aggregate data via the AIMS S1A form by the 10th of the month.

Private hospitals – data submission timeline for 2022-23

|  |  |
| --- | --- |
| 2022-23 | Timeline |
| Admission and separation details for the month (E5 records) | Must be submitted by the 17th day of the following month |
| Diagnosis and procedure details (X5, Y5 records) | Must be submitted by the 17th day of the second month following separation |
| Final corrections to data for 2020-21 | Must be submitted by 5.00pm on the date advised in the *Policy and funding guidelines 2021-22* |

It is a condition of registration that private hospitals and registered day procedure centres submit data to the VAED monthly, as set out in the  *Health Services (Health Service Establishments) Regulations 2013.*

**VAED monthly file consolidation -** the VAED is updated with data from the processing database after the 10th day of each month.

**VAED annual file consolidation -** the department creates an annual consolidated file of the VAED by combining data from all contributing hospitals. Once the consolidated file has been locked, the file is not amended or updated to maintain the integrity of reports and datasets released for analysis. The department maintains separate notes on any significant data anomalies identified in the locked file.

## Managed File Transfer

* VAED data files must be submitted via the Managed File Transfer (MFT) web portal.
* Accounts are required for each person submitting VAED and retrieving reports for health services.
* Password expiry is enforced for all logins.

## Submission file naming convention

The submission file must be renamed to PRS2 (PRS2TEST for test files)

## System requirements

The MFT system can be utilised in today’s most popular browsers:

Firefox - latest and previous version

Chrome - latest version

Microsoft Edge – latest version

Please note that Cookies and JavaScript must be enabled in the browser.

## Connection information

The URLs for access to the environments are:

**Managed File Transfer:** Connect to the Managed File Transfer (MFT) application to send your data file and retrieve your electronic reports. [MFT production services](https://prs2-mft.prod.services) <https://prs2-mft.prod.services>

**Multi-Factor Authentication** requires all users obtain their one time **MFA** **Token** code first before proceeding to connect to the MFT portal.

**Self Service Password Reset:** Access the self-service password reset (SSPR) to reset your password at initial use and then on password expiry. [Password reset](https://ehvfimpwdreset.prod.services) <https://ehvfimpwdreset.prod.services>

## Requesting a login

To request a login:

* Send an email to HDSS help desk
* Provide the following information for the person/s who sends VAED files or retrieves VAED reports:

First and last name,

Email address

Day and month of birth

* Campus code and campus name
* Your user account will be created, and your login details emailed to you.
* Set your password using the instruction provided with your login details

## Support

The HDSS helpdesk has access to the technical support team at HTS and can request assistance on behalf of health services who experience any difficulties setting up their accounts. Note that any queries relating to your service’s internal network and firewall configuration must be directed to IT support within your organisation

Email HDSS help desk <hdss.helpdesk@health.vic.gov.au>

## Uploading a submission file

On connecting to the MFT application you will see a folder called **OHCXNNF** where **XNN** is the hospital’s PRS2 code (such as Z98). To be in the HOME directory/folder for your site double click on this folder.

For users with access to multiple data collections and/or multiple sites, select the correct folder.

All VAED data files must be uploaded into the site’s HOME directory. Use the **Upload** option to submit the file. The file is identified from your local drive/directory and selected using the Open option and then uploaded.

Right click on your file and select Rename to change file name to PRS2

Delete the file extension (such as .xmt or .txt) or the file will not be processed.

** **

**Note:** The \sent folder is a system folder and must not be accessed by users.

## Collecting reports

After the file has processed your validation report file will be available for you to download in the **\pickup** folder. Select the **Download** option and **save** the report file to your local drive.

After the first download, the report file will still be available in the \**backup** for further downloads.

##

## Manipulation of data extracts

The department does not approve manipulation of data extracts (for example using Microsoft Excel, Notepad or any other data manipulation tool) leading to changes in data values before the data is submitted.

It is expected that health services' contractual arrangements with software vendors require vendors to provide software that allows health services to meet their statutory reporting requirements. When negotiating contracts with software vendors, health services are strongly advised to consider the impact of data quality and timeliness penalties that can apply if the vendor fails to deliver software that meets statutory reporting requirements.

The software provided must deliver an extract in the format documented in this manual. Software vendors and health services should work together to ensure that when ‘validations’ are triggered in a submission; corrections can be made in the health service’s relevant operational database.

Any ‘corrections’ made to the extract but not reflected in the health service’s operational database may cause inconsistencies between data held by the department and the health service, and impact on data quality. An audit requirement exists that data received by the department is an accurate reflection of the health service’s medico-legal system of record.

### Responsibilities: Health Service

When faulty or inadequate reporting software prevents the health service meeting its reporting obligations, the health service should notify its software vendor immediately so the problem can be addressed as a high priority issue. The health service should also immediately notify the HDSS help desk in writing and describe:

* the exact problem, including the affected data fields
* the plan between the health service and software vendor, and the anticipated timeframe, for the resolution of the situation

If the problem is not resolved by the agreed timeframe, the health service must again contact the department and inform of progress.

The department monitors and records such incidences. Penalties due to lack of data quality or timeliness can apply if the health service does not comply with these provisions.

### Responsibilities: Department of Health

Occasionally a health service may request that the department make a manual adjustment to address a specific data quality issue. The department will only consider this when:

* all other avenues have been exhausted
* the health service requests the change in writing via the HDSS help desk, confirming that it has made the change to its own data (or indicating that this is not possible)
* the change accurately reflects the health service’s medico-legal system of record.

The department maintains records of all such incidences for monitoring data quality.

# End of financial year reporting

As shown in the table below:

* Submissions with header dates prior to 1 July 2022 must use 2021-22 format/values for all records
* For submissions with header dates of 1 July 2022 onwards, the Separation Date of the episode determines the format/values applicable
	+ Separation Date prior to 1 July 2022 must use 2021-22 format/values
	+ Separation Date 1 July 2022 or later must use 2022-23 format/values
	+ For patients ‘remaining in’ on 30 June 2022 this may involve updating episode data previously reported in a June submission from 2021-22 format/values to 2022-23 format/values

Format / values by submission month and Separation Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Submission month | Admission Date | Separation Date | Unique Key | Format/Values |
| June | 01/06/2022 | 30/06/2022 | 000055555 | 2021-22 |
| June | 20/06/2022 | 00/00/0000 | 000066666 | 2021-22 |
| July | 25/06/2022 | 30/06/2022 | 000077777 | 2021-22 |
| July | 20/06/2022 | 00/00/0000 | 000066666 | 2022-23 |
| July | 01/07/2022 | 10/07/2022 | 000088888 | 2022-23 |
| July | 02/07/2022 | 00/00/0000 | 000033333 | 2022-23 |

## Test submissions for 1 July changes

Information regarding testing for 1 July changes will be published later in the HDSS Bulletin.

Email HDSS help desk <hdss.helpdesk@health.vic.gov.au> to add your name to the Bulletin mailing list.