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| Victorian Admitted Episodes Dataset (VAED) manual 2025-26Section 4 Business rules |
| 35th 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 2025.**ISBN** 978-1-76131-789-7 **(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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This section provides consolidated information about topics that involve two or more data elements.

# Contracted Care

Contracted care should only be reported where contracted services are provided which represent some, but not all the hospital’s total services.

Usually where two public hospitals enter a contract, the contracting hospital admits and provides care or treatment for the patient as part of the overall service (Contract Types ABA, AB, BA). Contact the department for any other arrangements.

Note: The contract between the Department of Veterans Affairs (DVA) does not allow hospitals to sub-contract private hospitals to provide services to eligible persons whose charges for this episode of care are met by DVA.

**Hospital A – contracting hospital (purchaser) reports:**

* an admitted episode covering time spent in both A and B
* diagnosis and procedure codes related to care provided in A and B
* contract procedure flag in the eighth character of the ACHI code of procedure performed under contract by B
	+ F indicates procedure performed on admitted basis
	+ N indicates performed on non-admitted basis
* contract leave days if applicable.

**Hospital B – contracted hospital (provider), if admitted by B, reports:**

* an admitted episode covering time spent in B only
* diagnosis and procedure codes only related to care provided by B

**All contracted care episodes**

The following data items must be reported:

* Funding Arrangement 1
* Contract Role
* Contract Type
* Contract/Spoke Identifier

Related items

Section 2 Contracted Care

Section 3 Contract Leave MTD/YTD/TOT, Contract Role, Contract/Spoke Identifier, Contract Type, Diagnosis Codes, Duration of MV in ICU, Duration of NIV in ICU, Duration of Stay in ICU, Duration of Stay in CCU, Funding Arrangement, Procedure Codes

Section 4 Contracting: Funding Arrangement, Contract Type and Contract Role with Admission Source and Separation Mode, Funding Arrangement and Contract fields

## Reporting guide by Contract Type and Contract Role

|  |  |  |
| --- | --- | --- |
| Contract Type | Definitions | Reported by |
| 1 B | A (health authority/other external purchaser) contracts B (hospital) for admitted service.For example: A health authority, or other external purchaser, contracts hospital B for admitted service which is funded outside the standard funding arrangements. | B |
| 2 ABA | Patient admitted by Hospital A. Hospital A contracts Hospital B for admitted or non-admitted patient service. Patient returns to Hospital A on completion of service by Hospital B.For example: A patient has a hip replacement at hospital A, then receives aftercare at hospital B, under contract to hospital A. Complications arise and the patient returns to hospital A for remainder of care. | A, B |
| 3 AB | Patient admitted by Hospital A. Hospital A Contracts Hospital B for admitted or non-admitted patient service. Patient does not return to Hospital A on completion of service by Hospital B.For example: A patient has a hip replacement at hospital A, then receives aftercare at hospital B, under contract to hospital A. Patient is separated from B. | A, B |
| 4 (A)B | Patient is not present in the Contracting Hospital (A) at any time during the episode. Hospital A contracts Hospital B for the whole admitted patient service.An (A)B contract type cannot occur between two public hospitals unless approved by the Hospital & Health Service Performance Division of the Department of Health. Where two public hospitals enter into a contract, the contracting hospital must provide care or treatment for the patient as part of the overall service provided (Contract Types ABA, AB and BA).For example: A patient is admitted for a colonoscopy at hospital B under contract to hospital A. The patient does not attend hospital A. | A, B |
| 5 BA | Hospital A contracts Hospital B for an admitted patient service following which the patient moves to Hospital A for the remainder of the care.For example: A patient is admitted to hospital B for a gastric resection procedure under contract to hospital A, and hospital A provides aftercare. | A, B |
| 6 A(B) | Hospital A contracts Hospital B for the whole admitted patient service.Hospital B provides the service at Hospital A.Patient is not present in the Contracted Hospital (B) at any time during the episode.An A(B) contract type cannot occur between two public hospitals unless approved by the Hospital & Health Service Performance Division of the department. Where two public hospitals enter into a contract, the contracting hospital must admit and provide care or treatment for the patient as part of the overall service provided (Contract Types ABA, AB, BA, BAB).For example: Hospital A contracts hospital B for whole admitted patient service B provides service at hospital A. | A |
| 8 BAB | Patient is admitted to Hospital B under contract to Hospital A, then receives admitted care at Hospital A before returning to Hospital B for remainder of care.For example: Patient is admitted to hospital B under contract to hospital A, then receives admitted care at hospital A before returning to hospital B for remainder of care. | A, B |

Brackets indicate the patient was not physically present in that hospital. For example, in Contract Type (A)B the patient was only admitted to hospital B.

## Contracting: Funding Arrangement, Contract Type and Contract Role with Admission Source and Separation Mode

Validation not applied until Separation Date present. If an episode has the combination of Contract fields in the first three columns, then a Transfer must be indicated in Admission Source and/or Separation Mode as indicated in the last two columns. Valid combinations:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Funding Arrangement | Contract Type | Contract Role | Admission Source | Separation Mode |
| 1 Contract | 2 Contract Type ABA | B Hospital B | T Transfer from acute hospital/extended care/rehabilitation/geriatric centre | T Separation and transfer to other acute hospital / extended care /rehabilitation /geriatric centre |
| 1 Contract | 3 Contract Type AB | B Hospital B | T Transfer from acute hospital l/extended care /rehabilitation/ geriatric centre |  |
| 1 Contract | 5 Contract Type BA | B Hospital B |  | T Separation and transfer to other acute hospital / extended care / rehabilitation /geriatric centre |

Validation 423 Invalid Comb Fund / Contract /Transfer

## Funding Arrangement and Contract fields

Below are the valid reporting combinations for Funding Arrangement and Contract fields.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Funding Arrangement | Contract Type | Contract Role | Contract/Spoke Identifier | Contract Leave Days MTD | Contract Leave Days YTD | Contract Leave Days TOT |
| 1 Contract | 1 | B | Contract/Spoke ID of external purchaser/program | Spaces | Spaces | Spaces |
| 1 Contract | 2, 3, 5, 8 | A | Campus code of B | Value or spaces\* | Value or spaces\* | Value or spaces\* |
| 1 Contract | 2, 3, 5, 8 | B | Campus code of A | Spaces | Spaces | Spaces |
| 1 Contract | 4 | A | Campus code of B | Spaces | Spaces | Spaces |
| 1 Contract | 4 | B | Campus code of A | Spaces | Spaces | Spaces |
| 1 Contract | 6 | A | Campus code of B | Spaces | Spaces | Spaces |
| 2 Hub and spoke | Space | Space | Campus code or Contract/Spoke ID of spoke site | Spaces | Spaces | Spaces |
| 4 Coordinated care trial | Space | Space | Spaces | Spaces | Spaces | Spaces |
| 6 Elective surgery access service | Space | Space | Spaces | Spaces | Spaces | Spaces |
| 7 Private hospital elective surgery initiative | Space | Space | Spaces | Spaces | Spaces | Spaces |
| 8 National bowel cancer screening program | Space | Space | Spaces | Spaces | Spaces | Spaces |
| B Elective surgery blitz | Space | Space | Spaces | Spaces | Spaces | Spaces |
| N NHRA-funded highly specialised therapy | Space | Space | Spaces | Spaces | Spaces | Spaces |

\* Can be spaces: if contract leave is sameday, no Contract Leave Day is reported.

Validations

410 Illegal Comb Fund Arrange & Contract

456 Contract Leave, No Contract

# Episode of Care

An overnight or multi-day stay patient may receive more than one type of care during a period of hospitalisation. If so, the period of hospitalisation is broken into Episodes of Care, one for each type of care (Care Type).

The Episode of Care ends when the Care Type changes (statistical separation/re-admission) or the patient physically leaves the hospital (formal separation).

The Separation Mode of the first episode must be S Statistical Separation (change in Care Type within this hospital campus) and the Admission Source of the next episode must be S Statistical Admission (change in Care Type within this hospital campus), linking the two episodes statistically. The Admission Time of the subsequent episode must be one minute after the Separation Time of the previous episode.

Exceptions:

* Newborn episode – If Qualification Status changes from unqualified to qualified the Care Type for the episode is changed from U Unqualified newborn to 4 Other Care (Acute) including Qualified newborn
* Two changes of Care Type on same day
	+ Business rules prevent reporting of a same day episode where both Admission Source and Separation Mode are statistical. Only report a statistical separation/re-admission for the patient’s second Care Type change, Care Type ‘as of midnight’.
* Care Type change on day of formal admission or separation
	+ Business rules prevent reporting of a same day episode where the Admission Mode is formal, and the Separation Mode is statistical, or the Admission Source is statistical, and the Separation Mode is formal.

Refer to:

Section 2 Episode of Admitted Patient Care, Admission, Separation

Section 3 Admission Source, Admission Type, Care Type, Qualification Status and Separation Mode

Section 4 Leave, Newborn Reporting, Transfer Reporting

## Hub and Spoke

Reporting guidelines depend on whether the episode is same day or multi day.

### Same-day episodes

Same-day episodes are reported by the hub hospital only, using the Funding Arrangement data item and Contract/Spoke Identifier.

Hub hospital reports:

* Admission and Separation Dates
* Funding Arrangement code 2 Hub and Spoke
* Contract/Spoke Identifier code: report the hospital campus or satellite site code that denotes the spoke hospital/site
* Diagnosis and procedure codes: all diagnosis and procedure codes undertaken at the spoke hospital/site.

Spoke hospital/site reports: Nil.

### Multi day episodes

Where a multi-day episode in the spoke includes a procedure completed by the hub, the hub reports a same day episode and the spoke reports a multi-day episode excluding the procedure/s performed by the hub.

Hub hospital reports:

* Same day Admission and Separation Dates (date of procedure/s performed by hub).
* Funding Arrangement code 2 Hub and Spoke
* Contract/Spoke Identifier code: report the Hospital Campus Code that denotes the Spoke hospital
* Diagnosis and Procedure Codes: all relevant diagnosis codes and procedures undertaken by the hub at the spoke hospital.

Spoke hospital reports:

* Admission and Separation Dates
* Diagnosis Codes: diagnosis codes should be assigned for conditions where care is provided by the spoke hospital. This includes conditions that require care at the spoke hospital prior to and/or after the procedure performed by the hub hospital.
* Procedure Codes: assign procedure codes for care provided by the spoke hospital, excluding any procedures performed by the hub hospital.

Refer to:

Section 2: Hub and Spoke.

Section 3: Contract/Spoke Identifier and Funding Arrangement

Section 4: Funding Arrangement and Contract fields

## Leave

### Contract Leave days are:

* reported only by the contracting (purchasing) hospital A
* treated as patient days and included in the length of stay at hospital A
* not limited to a specific duration
* not reported for same-day contract leave
* Patients commencing a period of contract leave are not separated from hospital A.

### Leave with Permission days

* are not treated as patient days and excluded from the length of stay

Examples where leave should be reported are:

* Patient presents to hospital for induction of labour, sent home, to return when in established labour. Patient returns the next morning. Patient should only have one episode for this period. If the induction meets Criteria for Admission, the patient should be placed on leave whilst at home, as she is expected to return within seven days for continuing care. Note: in this example, the patient is placed on leave, but a leave day cannot be reported for Admission Date.
* Rehabilitation patient leaves on the 24 December to return the 26 December, so that they can spend Christmas in the care of their family.
* Where a Hospital in the Home patient does not receive any admitted type services on a date, this day should be recorded as a leave with permission day.

Examples where leave should not be reported:

* Patient presents to hospital believing they are in early labour, diagnosed as in false labour and sent home after 2 hours, to return when in labour. This presentation should not be reported to the VAED as this does not meet any Criterion for Admission, therefore the patient cannot be placed on leave.
* A same-day patient intending to return to this campus within seven days for a further same-day episode (for example same-day dialysis, IV chemotherapy)
* Patient is transferred to another campus of this or any other health service for treatment whether there is an intention to return to this campus – see Transfer Reporting

**Failure to return from leave within seven days**

* A patient failing to return from leave within seven days should be formally separated, effective from the date of leaving the hospital
* If the patient later returns to the hospital, a new episode is started

**Absence starting and ending on the same date**

A period of absence starting and ending on the same date is not counted as leave with permission, but the patient must be recorded as absent in his/her medical record. The patient may be recorded as absent in the hospital’s computer system; however, the system must not report a day’s leave to VAED or deduct a patient day in other reporting.

**Newborns** -are only permitted to go on leave with permission during a period of accommodation in HITH.

### Leave without Permission

As it is still the intention of the medical practitioner that the patient return within seven days to continue the current treatment; follow leave with permission guidelines and reporting.

Refer to:

Section 2 Length of Stay, Overnight or Multi-Day Stay Patient, Patient Day, and Separation.

Section 3 Leave with Permission Days Financial Year-To-Date, Leave with Permission Days Month-To-Date, and Leave with Permission Days Total

## Length of Stay

**Calculating Length of Stay (LOS):**

* Length of Stay of a multi-day patient is calculated by subtracting the Admission Date from the Separation Date and deducting total leave days (with or without permission)
* For same-day patients (admitted and separated on the same date), LOS = 1 day
* For overnight patients, LOS = 1 day
* The Admission Date is always counted as a patient day
* The Separation Date is not counted
* The sum of patient days (including contract leave days) and leave (with or without permission) days must equal the number of days elapsed between Admission Date and Separation Date

Example of length of stay calculation

|  |  |  |
| --- | --- | --- |
| Date | Event | Patient / leave days |
| 1/7/20XX  | Admission Date | 1 patient day |
| 2/7/20XX | Start leave | 1 leave day |
| 3/7/20XX | Return from leave | 1 patient day |
| 4/7/20XX | Separation Date | 0 |

LOS = Separation Date minus Admission Date minus leave day = 2

Guidelines for counting Contract Leave Days and Leave Days

* A period of leave (with or without permission) cannot exceed seven days.
* Contract leave days are treated as patient days and included in Length of Stay (not limited to a specific duration).
* Count the day of going on contract leave or leave (with or without permission) as a contract leave day or a leave day respectively, except when this occurs on Admission Date.
* Count the day of returning from contract leave or leave (with or without permission) as a patient day, except when this occurs on Separation Date.
* When on the same date a patient:
	+ goes on contract leave or leave (with or without permission) and returns from leave, count this day as a patient day
	+ returns from contract leave and again goes on contract leave, count day as a contract leave day
	+ returns from leave (with or without permission), is assessed as fit to continue leave and again goes on leave, count day as a leave day
	+ a patient returns from leave (with or without permission), receives treatment, investigation and/or observation, and again goes on leave, count day as a patient day

Refer to:

Section 2 Leave - Contract, Leave with Permission, Leave without Permission, Length of Stay, Overnight or Multi-Day Stay patient

Section 3 Admission Date, Patient Days Financial Year-To-Date, Patient Days Month-To-Date, Patient Days Total, and Separation Date

## Medi-hotel Reporting

Generally, a patient resident in a Medi-hotel is on leave. However, for reporting reasons related to the VAED file structure and business rules, the following guidelines apply for reporting accommodation provided in a Medi-hotel.

* Accommodation in Medi-hotel can only be reported to the VAED where the patient receives admitted services on the day before and the day after the Medi-hotel stay.
* For Medi-hotel, movement between ward accommodation and the Medi hotel accommodation is reported in the Status Segments within the same episode. The Accommodation Type shown for each patient day shall be:
	+ 1 Overnight accommodation: shared room or 2 Overnight accommodation: single room where the patient remains in a traditional hospital setting at midnight.
	+ 7 Ward Based/Medi-Hotel combination when a patient is in a traditional hospital setting during the day and in a Medi-hotel at midnight.
* For example, where a patient is admitted to a shared hospital ward on the 1 July, moves to the Medi-hotel at 1700 on the 4 July, and returns to the traditional hospital setting at 0900 on the 5 July where they are discharged at 1600, the Accommodation Type for the first three patient days is 1 Overnight accommodation: shared room; and the Accommodation Type for the last patient day is 7 Ward Based/Medi-Hotel combination. Accommodation Type on Separation is 1 Overnight accommodation: shared room.

Exclusions:

The use of Medi hotel must be recorded as leave in the following circumstances:

* Where the patient receives two or more consecutive days of non-admitted services (not a substitute for traditional admitted care), with an intervening night in the Medi hotel, and the patient receives admitted patient care both directly before and after this period.
* Where the patient receives no care for two to seven consecutive days, with an intervening night(s) in the Medi hotel, and the patient receives admitted patient care both directly before and after this period.

The use of Medi hotel must not be reported as part of an admitted episode in the following circumstances:

* Where the patient is receiving only non-admitted services on the first day(s), or no services (for example, a night in Medi-hotel to facilitate a 07:00 Admission Time), the patient must be admitted on the day they first received admitted services.
* Where the patient is receiving only non-admitted services on the last day(s), the patient must be separated at the time they left the admitted services area (to go to the Medi hotel).

Refer to:

Section 2: Medi-Hotel, and Patient Day

Section 3 Accommodation Type

Section 8 Validation 706 Accom Type 7: First Status or Accom on Sep

## Palliative Care Reporting

The Palliative Care Type is only reported to the VAED for patients admitted to, or transferred to, a designated Palliative Care program (Care Type 8).

The Cancer and Palliative Care Unit, DH, determines which campuses can report Care Type 8. This activity counts towards palliative care targets.

When a patient is deemed to require palliative care during a non-Palliative Care Type episode, a Diagnosis Code of Z51.5 Palliative Care must be included in the Diagnosis Code string to denote the component of palliation.

For all episodes reported with Care Type 8

These three data items must be reported:

* Phase of Care on Admission
* RUG ADL score on Admission
* RUG ADL score on Separation.

**For episodes where a change of Phase of Care occurs after admission**

Up to ten changes of Phase of Care can be reported: each time the Phase of Care changes, a new set of these three data items must be reported:

* Phase of Care Change Date
* Phase of Care on Phase Change
* RUG ADL on Phase Change.

Only one change of Phase of Care can be reported per day. Where more than one change of Phase of Care occurs on a single day, only the patient’s last change during that day (Phase of Care ‘as of midnight’), should be reported to VAED for that day.

**For episodes with more than 10 changes of Phase of Care**

All Phase changes after the tenth change are omitted and only details of the final Phase of Care are reported in the following fields:

* Final Phase of Care
* Final Phase of Care Start Date
* RUG ADL on Start Final Phase of Care.

Refer to:

Section 3 Care Type, Phase of Care\*, Phase of Care Change Date, RUG ADL score\*

Section 5 Palliative Record

## Posthumous Organ Procurement

If Care Type is 10 Organ Procurement, then the following fields must contain the codes shown below. Only fields that cannot contain the full code set are listed.

E5 Episode record

| Field | Valid codes |
| --- | --- |
| Care Type | 10  |
| Admission Time | Must be after certified time of death |
| Admission Source | K  |
| Admission Type | K  |
| Qualification Status | X |
| Separation Mode | G  |
| Separation Referral | Spaces |
| Criterion for Admission | K  |
| Funding Arrangement | Space |
| Intention to Re-admit | 0 |
| Account Class | KK  |
| Medicare Suffix | N-E |
| ACAS Status  | Spaces |
| Accommodation Type | 1 or 2 |

X5 Diagnosis record

|  |  |
| --- | --- |
| Admission weight | Spaces or weight in grams if aged under 1 year |
| Duration of MV | Spaces or hours for procurement episode only as relevant |
| Duration of NIV | Spaces or hours for procurement episode only as relevant |
| Duration of Stay in ICU | Spaces or hours for procurement episode only as relevant |
| Duration of Stay in CCU | Spaces or hours for procurement episode only as relevant |

Validations

094 Invalid combination A/C Med Suff

482 Incompat Adm Source/Crit for Adm

483 Incompat Adm Source/Qual Stat

484 Incompat Adm Type/Crit for Adm

485 Incompat Adm Type/Qual Stat

490 Incompat Crit for Adm/Qual Stat

696 Posthumous Organ Proc: Care Type/Sep Mode mismatch

## Reporting history of code changes - status segments

Status segments are used to report combinations of Account Class, Accommodation Type and Qualification Status (N and U for newborn episodes, X for all others) during the episode of care

* At least one status segment must be reported for each episode including – Account Class, Accommodation Type and Qualification Status, and Month-to-date, financial year-to-date and total Patient Days, for this combination of Account Class, Accommodation Type and Qualification Status.
* A patient may have more than one status segment during their stay. For example, if a patient moves from a shared to a private room, the number of days spent in each accommodation type will be reported in two status segments.
* The Account Class, Accommodation Type and Qualification Status of a patient are reported ‘as of midnight’. If more than one change occurs within the same day, only report the patient’s status as of midnight each day.
* A status segment must have a minimum of one Patient Day.
	+ If details change on day of admission, the original details are not reported.
	+ If details change on day of separation, a new status segment is not created
* A new status segment should only be created if required.
* There are seven status segments available in each Episode Record. Surplus status segments should be left blank, not zero-filled.

Until the patient is separated, re-submit the Episode Record with each submission, to update the count of Patient Days and Leave Days.

The example below assumes no Leave Days.

****End of June submission (MTD = June)****

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Status Segment | Account Class | Accom Type | Qual Status | Patient Days MTD | Patient Days YTD | Patient Days Total |
| 28 June – admitted | 1 | MP | 1 | X | 2 | 2 | 2 |
| 30 June – moved to single room | 2 | MP | 2 | X | 1 | 1 | 1 |

End of July submission (MTD = July)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 28 June admitted | 1 | MP | 1 | X | 0 | 0 | 2 |
| 30 June – to single room | 2 | MP | 2 | X | 2 | 2 | 3 |
| 3 July – moved to HITH, separated 6 July | 3 | MP | 4 | X | 3 | 3 | 3 |

If all status segments have been used, either

* Overwrite a status segment containing details that best match the new details and then aggregate the Patient Day counts. When selecting which status segment to overwrite, select one according to the criteria below, or
* Use the seventh status segment to record all remaining patient days, reporting the patient’s details according to the criteria below.

Use the following criteria when deciding which status segment to overwrite or which details to record in the seventh status segment:

* The Account Class on Separation must appear in at least one status segment
* Never overwrite a segment with Accommodation Type 4 In the Home (HITH)
* If the patient is a newborn and the new Qualification Status is N Qualified, overwrite an earlier segment that has N Qualified Qualification Status or ensure the seventh segment shows N Qualified.
* Give priority to matching the broad category of Account Class (as indicated by the first character of the code); that is, keep the patient day counts against an Account Class that is at least correct at the first character level.

If there is still a choice of status segments to overwrite, match the Accommodation Type (but do not erase 4 In the Home (Hospital – HITH)).

**Options for recording change in status**

Preferably, status segments should be reported in chronological order. If the patient was treated at home under the Hospital in the Home Program (Accommodation Type 4), chronological order is essential.

In other instances, status segments can be re-used if necessary.

* If the combination of Account Class, Accommodation Type and Qualification status changes to a combination previously utilised in the episode, that earlier status segment can be used to also record Patient Days for the later period.
* Where a status segment is used more than once, the Patient days reported are the sum of the Patient Days accrued during each occasion when that set of status segment fields applied.

Example 1– reporting status segment data in chronological order

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Status Segment | Account Class | Accom Type | Qual Status | Pat Days MTD | Pat Days YTD | Pat Days Total |
| 1 | PE | 2 | X | 3 | 3 | 3 |
| 2 | PC | 2 | X | 6 | 6 | 6 |
| 3 | PE | 2 | X | 2 | 2 | 2 |

Example 2- alternative option reporting the same circumstances

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Status Segment | Account Class | Accom Type | Qual Status | Pat Days MTD | Pat Days YTD | Pat Days Total |
| 1 | PE | 2 | X | 5 | 5 | 5 |
| 2 | PC | 2 | X | 6 | 6 | 6 |

If using the second method, it is vital that the correct details are copied into the Account Class on Separation field: that is, the details current on separation, even though they may not be in the last status segment for that Episode Record. In example 2, Account Class on Separation would be ‘PE’.

Refer to: Section 3 Accommodation Type, Accommodation Type on Separation, Account Class, Qualification Status

## Transfer Reporting

Reporting requirements are listed below:

Unless the patient is on contract leave, an overnight or multi-day stay patient in one hospital campus cannot concurrently be a patient in another hospital campus of this or any other health service. Such a patient must be separated from one hospital campus and admitted to the other hospital campus on each occasion of transfer when the patient remains at the second campus overnight or longer.

* Multi-day patient at first campus is transferred to a second campus for treatment in ICU and remains there overnight or longer. The patient is separated from the first campus.
* Multi-day patient at first campus attends second campus for treatment and returns as intended on the same day to continue their current treatment.
	+ First campus records the same-day attendance at the second campus on the patient’s record only. The patient is not separated from the first campus.
	+ Second campus reports a same-day episode if patient meets a criterion for admission.

**Transferring admitted patients to a second hospital campus**

* Separation Mode: T Separation and transfer to other acute hospital / extended care / rehabilitation / geriatric centre
* Transfer Destination: Report appropriate hospital campus code.

**Receiving patients from another hospital campus**

* Admission Source: T Transfer from acute hospital / extended care / rehabilitation / geriatric centre
* Transfer Source: Report appropriate hospital campus code.

Refer to:

Section 2: Campus, Criterion for Admission, and Hospital.

Section 3: Admission Source, Separation Mode, Transfer Destination, Transfer Source.

# Newborn reporting

Newborn episodes are the only episodes where a change in Care Type does not result in a statistical discharge and re-admission (refer to Section 2: Episode of Care). It is also necessary to record Qualification Status. See the table below for the specific VAED data elements containing ‘newborn’ information.

Table 1 VAED data elements containing newborn information

|  |  |  |  |
| --- | --- | --- | --- |
| Field | Values | Applies | Assigned |
| Criterion for Admission (CFA) | Q Qualified U Unqualified | At admission | At time of admissionNot changed after admission |
| Qualification Status | Q Qualified U Unqualified | To days during the episode | At each change in Qualification Status during the episode |
| Care Type | U Unqualified 4 Acute   | To highest level of care during the episode | At admissionIf Qualification Status changes from Unqualified to Qualified the Care Type is changed from Unqualified to Acute |

Newborns may be:

* Admitted at or directly after birth: the birth episode.
* Admitted after the birth episode, while still 9 days old or less.

Regardless of whether it is the birth episode, Newborns:

* Can only go on Leave with Permission during a period of accommodation in HITH.
* Meeting one of the criteria for ‘Qualified Newborn’ at Admission, are admitted as Qualified (Criterion for Admission).
* Newborns ‘rooming in’ with the mother cannot be considered to be admitted without the mother (includes newborns in HITH).
* If the Unqualified Newborn remains in the hospital when they turn 10 days of age, and is not receiving clinical care, they must be separated. At this time the baby becomes a boarder and the episode being reported to VAED is ended.
* All babies, both qualified and unqualified, can be admitted to HITH for clinically indicated treatment.

**Private hospitals**

Unqualified newborns in a private hospital do not have to be reported. However, all instructions regarding unqualified patients and bed days need to be followed by private hospitals where they choose to report episodes relating to Unqualified Newborns.

**Status segments**

Status Segments are used to record changes between Qualified and Unqualified status for newborns and the duration of these periods (Patient Days).

Examples of changes to newborn’s Qualification Status are shown in tables 2 and 3.

**Table 2: Reporting changes of newborn Qualification Status – singleton**

|  |  |  |
| --- | --- | --- |
| Event | Date | Hospital’s data records: |
| Birth of a single live born. Baby needs Special Care Nursery | 1 Sep | Admission details for newborn.Status Segment Qualified |
| Baby improves; transferred to ward | 2 Sep | New Status Segment Unqualified |
| Baby worsens; transferred back to SCN | 3 Sep | New Status Segment Qualified |
| Baby improves; transferred back to ward | 4 Sep | New Status Segment Unqualified |
| Mother and baby both go home | 6 Sep | Separation details for mother, baby |

**Table 3: Reporting changes of newborn Qualification Status – multiple birth**

|  |  |  |
| --- | --- | --- |
| Twin 1 - Event | Date | Hospital’s data records: |
| Birth of first live born of twins. Baby needs Special Care Nursery for a several hoursBaby improves; transferred to ward | 1 Oct | Admission details for newborn.Status Segment Unqualified |
| Baby transferred to HITH | 4 Oct | New Status Segment Accommodation Type 4No change to Qualification Status |
| Baby separated | 8 Oct | Separation details for baby |
| Twin 2 - Event | Date | Hospital’s data records: |
| Birth of second live born of twins | 1 Oct | Admission details for newbornStatus Segment Qualified |
| Baby transferred to HITHMother separated | 4 Oct | New Status Segment Accommodation Type 4 No change to Qualification statusSeparation details for mother |
| Baby separated | 8 Oct | Separation details for baby |

Table 4: Birth Episode

| The Newborn | CFA | Qualification Status | Care Type | Account Class |
| --- | --- | --- | --- | --- |
| Qualified at admission, remained so for entire episode | N | Starts as N, remains so for entire episode | 4  | Expected to be same as mother |
| Unqualified at admission, remained so for entire episode | U  | Starts as U Unqualified, remains so for entire episode | U  | Expected to be same as mother |
| Qualified at admission but later ceased to be qualified | N  | Starts as N Qualified but has some days as U Unqualified | 4  | Expected to be same as mother |
| Unqualified at admission but later became qualified | U  | Starts as U Unqualified but has some days as N Qualified | U, later changed to 4  | Expected to be same as mother |
| Unqualified at admission, later admitted to SCN for several hours and returns to mother’s bedside on same day | U  | Starts as U, remains so for entire episode since Qualification Status is reported ‘as of midnight’ | U, later changed to 4  | Expected to be same as mother |

**Table 5: Not Birth Episode**

| The Newborn | CFA | Qualification Status | Care Type | Account Class | Acc Class on Sep |
| --- | --- | --- | --- | --- | --- |
| Qualified at admission, remained so for entire episode | N  | Starts as N, remains so for entire episode | 4  | As appropriate (probably same as mother) | As appropriate at separation |
| Accompanying mother and Unqualified at admission, remained so for entire episode | U  | Starts as U, remains so for entire episode | U | NT | NT |
| Qualified at admission but later ceased to be qualified | N  | Starts as N but has some days as U | 4 | As appropriate (probably same as mother) | As appropriate at separation |
| Accompanying mother and Unqualified at admission but later became qualified | U  | Starts as U but has some days as N | U, later changed to 4 | NT for initial Unqualified days.As appropriate (probably same as mother) for Qualified days | As appropriate for Qualified days. Do not report NT on separation. |

## Account Class: Newborn, Unqualified, Not Birth Episode

If episode Account Class is NT Newborn (Unqualified, Not birth episode) then the following fields must contain the codes shown below\*. Only fields that cannot contain the full code set are listed.

|  |  |
| --- | --- |
| E5 Episode Record field | Valid codes |
| Accommodation Type | B |
| Admission Type | C, O, P |
| Care Type | U |
| Criterion for Admission | U |

\* Newborns with an Account Class of NT may change to another Account Class in the second or subsequent status segment. The record will then be subject to the validation rules for the subsequent Account Class, but the Care Type can only be U or 4.

Validation 455 Inconsis Newborn Transferred/Unqual Data

## Newborns: Criteria for Admission, Qualification Status, Care Type

Newborns in their birth episode should always have the following:

Admission Type: Y Birth Episode

Accommodation Type: N NICU, A SCN or B Other nursery accommodation or mother’s bedside (rooming in)

If Criteria for Admission codes N or U are present, the following are usual combinations. Some combinations outside of those listed below will trigger Warning validations, others will trigger Rejection validations:

| Criterion for Admission | Qualification Status | Care Type |
| --- | --- | --- |
| N Qualified Newborn | N Qualified | 4 Other Care (Acute) including Qualified newborn |
| U Unqualified Newborn | U Unqualified | U Unqualified newborn |
| N Qualified Newborn | N\* Qualified andU Unqualified | 4 Other Care (Acute) including Qualified newborn |
| U Unqualified Newborn | U\* Unqualified andN Qualified | 4 Other Care (Acute) including Qualified newborn |

Except when Qualification Status changes on the day of admission:

* If Criterion for Admission is N, Qualification Status in first Status Segment must be N\*
* If Criterion for Admission is U, Qualification Status in first Status Segment must be U\*

If Qualification Status changes after the date of admission, report this in a subsequent Status Segment

Validations

260 Invalid Care for Qual

490 Incompat Crit for Adm/Qual Stat

667 Incompat Care Type/Crit for Adm

# Validation tables

## Account Class and Medicare Suffix

Valid reporting combinations for each Medicare Suffix

|  |  |
| --- | --- |
| Medicare Suffix | Account Class |
| Name, BAB, C-U | All except ME, MF, X\* |
| N-E | KK, ME, MN, MF, P\*, W\*, T\*, S\*, C\*, O\*, X\* |
| P-N | J\*, T\*, W\* |

Validation 094 Invalid Combination A/C Med Suff

## Admission Source and Admission Type

|  |  |
| --- | --- |
| If Admission Source is | Admission Type must be |
| K Posthumous Organ Procurement | K |
| S Statistical Admission (change in Care Type within this hospital) | S |
| Y Birth Episode | Y  |
| T Transfer from Acute hospital/Extended care/Rehabilitation/Geriatric centre | M, C, O, P |
| B Transfer from Transition Care bed-based program | C, O, P |
| N Transfer from Residential Aged Care Facility | M, C, O, P |
| A Transfer from Mental Health Residential Facility | M, C, O, P |
| H Admission from Private Residence/Accommodation | M, C, O, P |
| If Admission Type is | Admission Source must be |
| K Posthumous Organ Procurement | K |
| S Statistical Admission (change in Care Type within this hospital) | S |
| Y Birth Episode | Y |
| M Maternity | T, N, A, H |
| C Emergency Admission through Emergency Department at this campus | T, B, N, A, H |
| O Other Emergency Admission | T, B, N, A, H |
| P Elective Admission | T, B, N, A, H |

Validation 056 Incompatible Adm Type/Source

## Admission Source and Age

Valid reporting combinations - only fields that cannot contain the full code set are listed.

|  |  |
| --- | --- |
| If Age at admission is | Admission Source must be |
| < 2 days | K, Y, T, H |
| < 10 days | K, T, H |
| ≥ 10 days and <= 2 years | K, S, T, H |
| ≥ 3 years | K, S, T, B, N, A H |
| If Admission Source is | Age at admission must be |
| K Posthumous Organ Procurement | any |
| S Statistical Admission (change in Care Type within this hospital) | ≥ 10 days |
| Y Birth Episode\* | < 2 days |
| B Transfer from Transition Care bed-based program | ≥ 3 years |
| N Transfer from Residential Aged Care Facility | ≥ 3 years |
| A Transfer from Mental Health Residential Facility | ≥ 3 years |

\* Private hospitals may report Admission Source code Y for Age at admission ≥ 2 days

Validation 479 Incompatible Adm Source/Age

## Admission Source and Care Type

Valid reporting combinations - only fields that cannot contain the full code set are listed.

|  |  |
| --- | --- |
| If Admission Source is | Care Type must be |
| K | Posthumous Organ Procurement | 10 |
| S | Statistical Admission (change in Care Type within this hospital) | MC,1, P, 6, 8, 5x, 9, 4 |
| Y | Birth Episode | 4, U |
| B | Transfer from Transition Care bed-based program | MC, 1, 6, 8, 5x, 9, 0, 4 |
| N | Transfer from Residential Aged Care Facility | MC, 1, 6, 8, 5x, 9, 0, 4 |
| A | Transfer from Mental Health Residential Facility | MC, 1, P, 6, 8, 5x, 9, 0, 4 |
| If Care Type is | Admission Source must be |
| 10 | Posthumous Organ Procurement | K |
| MC | Maintenance Care | S, T, B, N, A, H |
| 1 | NHT/Non-Acute | S, T, B, N, A, H |
| P | Designated Paediatric Rehabilitation | S, T, A, H |
| 6 | Designated Rehabilitation | S, T, B, N, A, H |
| 8 | Palliative Care Program | S, T, B, N, A, H |
| 5x | Mental Health Service | S, T, B, N, A, H |
| 9 | Geriatric Evaluation and Management Program | S, T, B, N, A, H |
| 0 | Alcohol and Drug Program | T, B, N, A, H |
| U | Unqualified Newborn | Y, T, H |

Validation 488 Incompat Care Type/Adm Source Statistical

## Admission Source and Criterion for Admission

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

|  |  |
| --- | --- |
| If Admission Source is | Criterion for Admission must be |
| K | Posthumous Organ Procurement | K |
| S | Statistical Admission (change in Care Type within this hospital) | O, B, E, X, C |
| Y | Birth Episode | N, U |
| T | Transfer from acute hospital/extended care/ rehabilitation/geriatric centre | N, U, O, B, E, X, C, S |
| B | Transfer from Transition Care bed-based program | O, B, E, X, C |
| A | Transfer from Mental Health Residential Facility | O, B, E, X, C |
| N | Transfer from Residential Aged Care Facility | O, B, E, X, C |
| H | Admission from private residence/accommodation | N, U, O, B, E. X, C, S |
| If Criterion for Admission is | Admission Source must be |
| K | Posthumous Organ Procurement | K |
| N | Qualified Newborn | Y, T, H |
| U | Unqualified Newborn | Y, T, H |
| O | Patient expected to require hospitalisation for minimum of one night | S, T, B, A, N, H |
| B | Day-only Automatically Admitted Procedures | S, T, B, A, N, H |
| E | Day-only Extended Medical Treatment | S, T, B, A, N, H |
| X | ED Short Stay Unit | S, T, B, A, N, H |
| C | Day-only Not Automatically Qualified Procedures | S, T, B, A, N, H |
| S | Secondary Family Member (Early Parenting Centres only) | T, H |

Validation 482 Incompatible Adm Source/Crit for Adm

## Admission Source and Qualification Status

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

|  |  |
| --- | --- |
| If Admission Source is | Qualification Status must be |
| K | Posthumous Organ Procurement | X |
| S | Statistical Admission (change in Care Type within this hospital) | X |
| Y | Birth Episode | N, U |
| B | Transfer from Transition Care bed-based program | X |
| N | Transfer from Residential Aged Care Facility | X |
| A | Transfer from Mental Health Residential Facility | X |
| If Qualification Status is | Admission Source must be |
| N | Qualified Newborn | Y, T, H |
| U | Unqualified Newborn | Y, T, H |
| X | Not Applicable | K, S, T, B, N, A, H |

Validation 483 Incompatible Adm Source/Qual Stat

## Admission Type and Age

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

|  |  |
| --- | --- |
| If Age at admission is | Admission Type must be |
| < 2 days | K, Y, C, O, P |
| < 10 days | K, C, O, P |
| ≥ 10 days | K, S, C, O, P |
| 10-65 yrs (inclusive) | K, S, M, C, O, P |
| If Admission Type is | Age at admission must be |
| S Statistical Admission (change in Care Type within this hospital) | ≥ 10 days |
| Y Birth Episode\* | < 2 days |
| M Maternity | 10 –65yrs (inclusive) |

\* Private hospitals may report Admission Type code Y for Age at admission ≥ 2 days

Validation 057 Incompat Adm Type/Age

##

## Admission Type and Criterion for Admission

|  |  |
| --- | --- |
| If Admission Type is | Criterion for Admission must be |
| K | Posthumous Organ Procurement | K |
| S | Statistical Admission (change in Care Type within this hospital) | O, B, X, E, C |
| Y | Birth Episode | N, U |
| M | Maternity | O, B, X, E, C |
| C | Emergency admission through Emergency Department at this campus | N, U, O, B, X, E, C, S |
| O | Other emergency | N, U, O, B, X, E, C, S |
| P | Elective admission | N, U, O, B, X, E, C, S |
| If Criterion for Admission is | Admission Type must be |
| K | Posthumous Organ Procurement | K |
| N | Qualified Newborn | Y, C, O, P |
| U | Unqualified Newborn | Y, C, O, P |
| O | Patient expected to require hospitalisation for minimum of one night | S, M, C, O, P |
| B | Day-Only Automatically Admitted Procedures | S, M, C, O, P |
| E | Day-only Extended Medical Treatment | S, M, C, O, P |
| X | ED Short Stay Unit | S, M, C, O, P |
| C | Day-Only Not Automatically Qualified Procedures | S, M, C, O, P |
| S | Secondary Family Member (Early Parenting Centres only) | C, O, P |

Validation 484 Incompatible Adm Type/Crit for Adm

## Admission Type and Qualification Status

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

|  |  |
| --- | --- |
| If Admission Type is | Qualification Status must be |
| K | Posthumous Organ Procurement | X |
| S | Statistical Admission (change in Care Type within this hospital) | X |
| Y | Birth Episode | N, U |
| M | Maternity | X |
| If Qualification Status is | Admission Type must be |
| N | Qualified Newborn | Y, C, O, P |
| U | Unqualified Newborn | Y, C, O, P |
| X | Not Applicable | K, S, M, C, O, P |

Validation 485 Incompatible Adm Type/Qual Stat

## Age and Criterion for Admission

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

|  |  |
| --- | --- |
| If Age at admission is | Criterion for Admission must be |
| < 10 days | K, N, U |
| ≥ 10 days  | K, O, B, E, X, C, S |
| If Criterion for Admission is | Age at admission must be |
| K Posthumous Organ Procurement | any |
| N Qualified Newborn | < 10 days |
| U Unqualified Newborn | < 10 days |
| O Patient expected to require hospitalisation for minimum of one night | ≥ 10 days |
| B Day-Only Automatically Admitted Procedures | ≥ 10 days |
| E Day-only Extended Medical Treatment | ≥ 10 days  |
| X ED Short Stay Unit | ≥ 10 days  |
| C Day-Only Not Automatically Qualified Procedures | ≥ 10 days  |
| S Secondary Family Member (Early Parenting Centres only) | ≥ 10 days  |

Validation 486 Incompatible Age/Crit for Adm

## Age, Qualification Status and Care Type

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

|  |  |  |
| --- | --- | --- |
| If Age at admission is | Qualification Status must be | Care Type must be |
| < 10 days | N, U | 4, U |
| < 10 days | X | 10  |
| ≥ 10 days | X | 10, 1, P, 6, 8, 5x, 9, MC, 0, 4 |
| If Qualification Status is | Age at admission must be | Care Type must be |
| N Qualified Newborn | < 10 days | 4 |
| U Unqualified Newborn | < 10 days | 4, U |
| X Not Applicable | < 10 days | 10 |
| X Not applicable | ≥ 10 days | 10, 1, P, 6, 8, 5x, 9, MC, 0, 4 |

Validations

260 Invalid Care for Qual

262 Invalid Care Type for Newborn

487 Incompatible Age/Qual Stat/Care Type

## Care Type and Separation Mode

Valid combinations - only fields that cannot contain the full code set are listed

|  |  |
| --- | --- |
| If Care Type is | Separation Mode must be |
| 10 | G |
| 1, 6, 8, 5T, 5G, 5S, 5A, 9, MC, 0 or 4 | S, D, Z, T, B, A, J, L, H |
| P | S, D, Z, T, A, H |
| 5K | S, D, Z, T, A, H |
| U | D, Z, T, H |
| If Separation Mode is | Care Type must be |
| G | 10 |
| S | 1, P, 6, 8, 5x, 9, MC, 4, 0 |
| D, Z, T, H | U, 1, P, 6, 8, 5E, 5T, 5G, 5S, 5A, 9, MC, 0, 4 |
| B, J, L | 1, 6, 8, 5E, 5T, 5G, 5S, 5A, 9, MC, 0, 4 |
| A | 1, P, 6, 8, 5x, 9, MC, 0, 4 |

Validation

489 Incompat Care Type/Sep Mode Statistical

696 Posthumous Organ Proc: Care Type/Sep Mode mismatch

## Care Type and Criterion for Admission

Listed below are valid reporting combinations. Only fields that cannot contain the full code set are listed.

|  |  |
| --- | --- |
| If Care Type is | Criterion for Admission must be |
| 10 | Posthumous Organ Procurement | K |
| 1 | NHT/Non-Acute | O, B, E, X, C |
| P | Designated Paediatric Rehabilitation Program/Unit | O, B, E, X, C |
| 6 | Designated Rehabilitation Program | O, B, E, X, C |
| 8 | Palliative Care Program | O, B, E, X, C |
| 5x | Mental Health Service | O, B, E, X, C |
| 9 | Geriatric Evaluation and Management | O, B, E, X, C  |
| MC | Maintenance Care | O, B, E, X, C |
| 0 | Alcohol and Drug Program | O, B, E, X, C |
| 4 | Other Care (Acute) including Qualified newborn | N, U, O, B, E, X, C, S |
| U | Unqualified newborn | U |
| If Criterion for Admission is | Care Type must be |
| K | Posthumous Organ Procurement | 10 |
| N | Qualified newborn | 4 |
| U | Unqualified newborn | 4, U |
| O | Patient expected to require hospitalisation for minimum of one night | 1, P, 6, 8, 5x, 9, MC, 0, 4 |
| B | Day-Only Automatically Admitted Procedures | 1, P, 6, 8, 5x, 9, MC, 0, 4 |
| E | Day-only Extended Medical Treatment | 1, P, 6, 8, 5x, 9, MC, 0, 4 |
| X | ED Short Stay Unit | 1, P, 6, 8, 5x, 9, MC, 0, 4 |
| C | Day-only Not Automatically Qualified Procedures | 1, P, 6, 8, 5x, 9, MC, 0, 4 |
| S | Secondary Family Member (Early Parenting Centres only) | 4 |

Validation 667 Incompat Care Type/Crit for Adm

## Care Type, Carer Availability and Separation Mode

Valid combinations of Care Type, Separation Mode and Carer availability – public hospital episodes only. Private hospitals should report Carer Availability as a space.

|  |  |  |
| --- | --- | --- |
| Care Type | Separation Mode | Carer Availability |
| 1, P, 6, 8, 9, MC | H | 1,2,3,4,5,6,7,8 |

Validation 390 Incompat Care Type, Carer Avail and Sep Mode

## Care Type: 6 Designated Rehabilitation Program and P Designated Paediatric Rehabilitation Program

If Care Type is 6 or P the following fields must contain the codes shown. Only fields that cannot contain the full code set are listed.

| E5 Episode Record | Valid codes |
| --- | --- |
| Admission Source | S, T, B, N, A, H |
| Admission Type | S, C, O, P  |
| Qualification Status | X |
| Separation Referral if Care Type 6 | H, L, B, U, C, S, D, G, A, K, T, R, X or spaces |
| Separation Referral if Care Type P | H, L, B, U, C, S, D, G, K, R, X or spaces |
| Criterion for Admission | O, B, E, X, C |
| Funding Arrangement | 1 or space |
| X5 Diagnosis Record | Valid codes |
| Admission weight | Spaces |
| Duration of MV | Spaces |
| Duration of NIV | Spaces |
| Care Plan Documented Date | DDMMCCYY or spaces |
| S5 Subacute Record | Valid codes |
| FIM Score on Admission (Care Type 6) | Range 111111111111111111 to 777777777777777777 |
| FIM Score on Separation (Care Type 6) | Range 111111111111111111 to 777777777777777777 |
| Functional Assessment Date on Admission (Care Type 6) | DDMMCCYY |
| Functional Assessment Date on Separation (Care Type 6) | DDMMCCYY |
| FIM Score on Admission (Care Type P) | Spaces |
| FIM Score on Separation (Care Type P) | Spaces |
| Functional Assessment Date on Admission (Care Type P) | Spaces |
| Functional Assessment Date on Separation (Care Type P) | Spaces |
| Impairment | Any code from list see section 3 |
| Onset Date | DDMMCCYY |

Validations

253 Rehab: Invalid Impairment

255 Rehab Invalid Onset Date

258 Sub-Acute: No Sub-Acute Record

662 Adm FIMTM/Functional Assessment Date / Care Type mismatch

663 Sep FIMTM /Functional Assessment Date / Care Type mismatch

669 Care Plan Documented Date reported > 7 days after Adm Date

670 Care Type Sub-acute, Separated, Care Plan Doc Date is null

671 Care Plan Documented Date < Adm Date or > Sep Date

672 Invalid Care Plan Documented Date

## Care Type: Geriatric Evaluation and Management (9)

If Care Type is 9, the following fields must contain the codes shown below. Only fields that cannot contain the full code set are listed.

| E5 Episode Record | Valid codes |
| --- | --- |
| Admission Source | S, T, B, N, A, H |
| Admission Type | S, C, O, P |
| Qualification Status | X |
| Separation Referral | P, M, L, B, U, C, S, D, G, A, K, T, R, X or spaces |
| Criterion for Admission | B, C, E, X, O |
| Funding Arrangement | 1 or space |
| X5 Diagnosis Record | Valid codes |
| Admission Weight | Spaces |
| Duration of MV | Spaces |
| Duration of NIV | Spaces |
| Care Plan Documented Date | DDMMCCYY or spaces |
| S5 Subacute Record | Valid codes |
| FIM Score on Admission  | Range 111111111111111111 to 777777777777777777 |
| FIM Score on Separation  | Range 111111111111111111 to 777777777777777777 |
| Function Assessment Date on Admission | Valid date |
| Function Assessment Date on Separation | Valid date |
| Impairment | Spaces |
| Onset Date | Spaces |

Validations

258 Sub-Acute: No Sub-Acute Record

293 Impairment Present

294 Onset Date Present

662 Adm FIMTM/Functional Assessment Date / Care Type mismatch

663 Sep FIMTM /Functional Assessment Date / Care Type mismatch

## Criterion for Admission and Qualification Status

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

|  |  |
| --- | --- |
| If Criterion for Admission is | Qualification Status must be |
| K | Posthumous Organ Procurement | X |
| N | Qualified Newborn | N\*, U |
| U | Unqualified Newborn | U\*, N |
| O | Patient expected to require hospitalisation for minimum of one night | X |
| B | Day-Only Automatically Admitted Procedures | X |
| E | Day-only Extended Medical Treatment | X |
| X | ED Short Stay Unit | X |
| C | Day-Only Not Automatically Qualified Procedures | X |
| S | Secondary Family Member  | X |
| If Qualification Status is | Criterion for Admission |
| N | Qualified Newborn | N, U |
| U | Unqualified Newborn | U, N |
| X | Not Applicable | K, B, C, E, X, O, S |

Except when Qualification Status changes on the day of admission:

* If Criterion for Admission is N, Qualification Status in first Status Segment must be N\*
* If Criterion for Admission is U, Qualification Status in first Status Segment must be U\*

Validation 490 Incompatible Crit for Adm/Qual Stat

## Criterion for Admission: Secondary Family Member

If Criterion for Admission is S Secondary Family member*,* the following fields must contain the codes shown below. Only fields that cannot contain the full code set are listed.

| Data element | Valid codes |
| --- | --- |
| Admission Type | C, O, P |
| Admission Source | T, H |
| Care Type | 4 |
| Accommodation Type | 1, 2, 3, B |
| Separation Mode | D, Z, T, B, J, L, A, H |
| Duration of Stay in ICU | Spaces |
| Duration of MV | Spaces |
| Duration of Stay in CCU | Spaces |
| Duration of NIV | Spaces |

Validation 328 Early Parenting Centre – Invalid Comb

## Funding Arrangement: Elective Surgery Access Service

If Funding Arrangement is 6 Elective Surgery Access Service, then the following fields must contain the codes shown below. Only fields that cannot contain the full code set are listed.

| Field | Valid codes |
| --- | --- |
| Admission Type | P |
| Admission Source | T, B, N, A, H |
| Account Class | MP, PA, PB, PC, PD, PE, PF, PO, PP, PQ, PR, VX, WC, TA, AS, CL, OO |
| Qualification Status | X |
| Care Type | 4 |
| Criterion for Admission | O, B, E, C |

Validation 491 Incompat Fields for ESAS

## Funding Arrangement: Private Hospital Elective Surgery Initiative

If Funding Arrangement is 7 Private Hospital Elective Surgery Initiative, this must be a private hospital (in the panel selected by tender process) and the following fields must contain the codes shown below. Only fields that cannot contain the full code set are listed.

| Field | Valid codes |
| --- | --- |
| Admission Type | C, O, P |
| Admission Source | T, B, N, A, H |
| Account Class | MP |
| Qualification Status | X |
| Care Type | 4 |
| Criterion for Admission | O, B, E, C |

Validation 626 Invalid combination for Funding Arrangement PHESI

## Intention to Readmit and Separation Mode

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

|  |  |
| --- | --- |
| If Intention to Readmit is | Separation Mode must be |
| 0 | Not applicable | G, S, D, Z |
| 1 | Re-admission planned this hospital within 28 days, booking arranged | B, J, L, A, H, T |
| 2 | Re-admission planned this hospital within 28 days, no booking arranged | B, J, L, A, H, T |
| 3 | Re-admission planned other hospital within 28 days, booking arranged | B, J, L, A, H, T |
| 4 | Re-admission planned other hospital within 28 days, no booking arranged | B, J, L, A, H, T |
| 9 | No plan to re-admit within 28 days | B, J, L, A, H, T |
| If Separation Mode is | Intention to Readmit must be |
| G | Posthumous Organ Procurement | 0 |
| S | Statistical Separation (change in Care Type within this hospital) | 0 |
| D | Death | 0 |
| Z | Left against medical advice | 0 |
| T | Separation and Transfer to other Acute Hospital/ Extended Care/ Rehabilitation/Geriatric Centre | 1, 2, 3, 4, 9 |
| B | Separation and Transfer to Transition Care bed-based program | 1, 2, 3, 4, 9 |
| J | Separation and Transfer to Residential Aged Care Facility, not usual residence | 1, 2, 3, 4, 9 |
| L | Separation and Transfer to Residential Aged Care Facility, usual residence | 1, 2, 3, 4, 9 |
| A | Separation and Transfer to Mental Health Residential Facility | 1, 2, 3, 4, 9 |
| H | Separation to Private Residence/Accommodation | 1, 2, 3, 4, 9 |

Validation 192 Invalid Comb Int./Readmit/Sep Mode

## Interpreter Required and Preferred Language

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

|  |  |
| --- | --- |
| If Interpreter Required is | Preferred Language |
| 1 | Yes | Must not be 0000, 0002 or 1201 |
| 2 | No | Must not be 0000 or 0002 |
| 9 | Not Stated / Inadequately Described | Must be 0000 or 0002 |
| If Preferred Language is | Interpreter Required must be |
| 0000 | Inadequately described | 9 |
| 0002 | Not stated | 9 |
| 1201 | English | 2 |

Preferred Language ASCL code set is available at: [HDSS reference files](https://www.health.vic.gov.au/data-reporting/reference-files)

< https://www.health.vic.gov.au/data-reporting/reference-files >

Validation 592 Invalid Comb Int Req/Pref Lang