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| Victorian Admitted Episodes Dataset (VAED) manual 2025-26  Section 7 Control reports |
| 35th edition |
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# Introduction

This section provides details of Transmitted Transactions Reports (Control Reports) produced following processing of a VAED submission file. Format of reports is as of 1 July 2025 and may be revised throughout the year.

Control reports enable the hospital to verify that data submitted has been received and to facilitate addition or amendment of missing or incorrect information. Refer to Section 3 Data definitions and Section 8 Validation for further information regarding data items and correction of errors.

## Accessing VAED control reports

Control Reports are produced electronically as Excel files. VAED report files must be retrieved from your MFT account’s \pickup folder. Refer to Section 5 for further information regarding uploading a submission file and collecting reports.

Download the report to your local PC before opening it. Save each report file in a separate directory on a local network drive for your reference.

## Errors tab

|  |  |
| --- | --- |
| Column header | Description |
| **Type** | Record type E5, J5, P5, S5, V5, X5, Y5 |
| **Action** | NEW record - no record of this type with this Unique Key has been previously accepted in the VAED processing database  UPD updated record – a record of this type with this Unique Key has previously been accepted in the VAED processing database  DEL deletion record |
| **Error Type** | R Rejection – the database does not retain a copy of the transaction, correct as required and re-submit  W Warning – the record is accepted, the data is unusual but may be correct, check, correct if appropriate and re-submit |
| **U.Key** | Hospital generated Unique Key |
| **ur\_nbr** | Hospital generated Patient Identifier |
| **Rpt Link** | Hyperlink to record in Full report tab |
| **Trn Link** | Hyperlink to record in relevant record tab |
| **Error** | Validation number |
| **Error Message** | Brief description of validation |

## Validation messages tab

Validation numbers 0-99, 100-199, 200-299, 300-399, 400-499, 500-599, 600-699, 700-799 – includes short description of each validation. Full details are available in Section 8 of the manual.

## E5 tab

|  |  |
| --- | --- |
| Column header | Description |
| Type | E5 Episode record |
| Action | NEW, UPD Update, DEL Delete |
| Error | R Rejection, W Warning |
| Unique Key | Hospital generated Unique Key |
| ur\_nbr | Hospital generated Patient Identifier |
| mother\_ur | Patient Identifier of the mother of the baby |
| medicare\_nbr | Medicare Number |
| medicare\_sfx | Medicare Suffix |
| Sex at birth | Sex at birth of the patient |
| marital\_stat | Marital Status of the patient |
| date\_of\_birth | Date of Birth of the patient |
| country\_of\_birth | Country of Birth of the patient |
| indig\_stat | Indigenous Status of the patient |
| postcode | Postcode (patient’s usual place of residence) |
| locality | Suburb/locality (patient’s usual place of residence) |
| intend\_stay | Intended Duration of Stay |
| mh\_leg\_stat | Space (Mental Health Legal Status not reported from 1/7/2018) |
| fund\_arr | Funding Arrangement |
| acas\_stat | ACAS Status |
| pref\_lang | Preferred Language |
| interp\_req | Interpreter Required |
| cont\_typ | Contract Type |
| cont\_role | Contract Role |
| cont\_spoke\_id | Contract/Spoke Identifier |
| mtd\_cont\_lve\_days | Contract Leave Days Month-To-Date (month of submission) |
| ytd\_cont\_lve\_days | Contract Leave Days Financial Year-To-Date (financial year - submission) |
| tot\_cont\_lve\_days | Contract Leave Days Total |
| mtd\_lve\_days | Leave with Permission Days Month-To-Date (month of submission) |
| ytd\_lve\_days | Leave with Permission Days Financial Year-To-Date (financial year of submission) |
| tot\_lve\_days | Leave with Permission Days Total |
| adm\_dt | Admission Date |
| adm\_tm | Admission Time |
| adm\_typ | Admission Type |
| adm\_src | Admission Source |
| adm\_uspc | Admitting Unit/Specialty |
| xfer\_src | Transfer Source |
| adm\_crit | Criterion for Admission |
| level\_ins | Hospital Insurance Status |
| user\_flg | Optional field |
| carer\_avail | Carer Availability |
| sep\_dt | Separation Date |
| sep\_tm | Separation Time |
| sep\_mode | Separation Mode |
| acnt\_class\_sep | Account Class on Separation |
| xfer\_dest | Transfer Destination |
| sep\_ref | Separation Referral |
| accom\_typ\_sep | Accommodation Type on Separation |
| sep\_uspc | Discharging Unit/Specialty |
| care\_typ | Care Type for this episode |
| site\_id | Campus Code |
| health\_fund | Spaces (not reported from 1/7/2014) |
| hosp\_drg | Hospital generated AR-DRG |
| nat\_drg | Re-calculated AR-DRG (derived item)  Only applicable for an update E5 if there is an existing X5 record |
| vic\_drg | Spaces (no longer reported from 1/7/2021) |
| acnt\_class\_1-7 | Account Class (status segment) |
| accom\_typ\_1-7 | Accommodation Type (status segment) |
| qual\_stat\_1-7 | Qualification Status (status segment) |
| pat\_days\_mtd\_1-7 | Patient Days Month-To-Date (status segment - month of this submission) |
| pat\_days\_ytd\_1-7 | Patient Days Financial Year-To-Date (status segment - financial year of submission) |
| pat\_days\_tot\_1-7 | Patient Days Total (status segment) |
| mhswpi | Mental Health Statewide Patient Identifier |
| mtd\_lve\_wo\_perm\_days | Leave without Permission Days Month-To-Date (month of submission) |
| ytd\_lve\_wo\_perm\_days | Leave without Permission Days Financial Year-To-Date (financial year of submission) |
| tot\_lve\_wo\_perm\_days | Leave without Permission Days Total |
| intention\_readm | Intention to Readmit Flag |
| dob\_flag | Date of Birth Accuracy Flag |
| progm\_id | Program Identifier |
| gender | Gender of the patient |
| ndis\_ID | NDIS Participant identifier |
| ndis\_flag | NDIS Participant Flag |

## J5 tab

|  |  |
| --- | --- |
| Column header | Description |
| Type | J5 Extra episode record |
| Action | NEW, UPD Update |
| Error | Validation number |
| Unique Key | Hospital generated Unique Key |
| advcareplanalert | Advance Care Directive Alert |
| clinicalgroup | Free text field |
| medi\_rdy\_discharge\_dt | Clinically Ready for Discharge Date |

## P5 tab

|  |  |
| --- | --- |
| Column header | Description |
| Type | P5 Palliative record |
| Action | NEW, UPD Update, DEL Delete |
| Error | Rejection, Warning |
| unique\_key | Hospital generated Unique Key |
| ur\_nbr | Hospital generated Unique Key |
| rug\_adl\_adm | RUG ADL on Admission (Care Types 8, MC) |
| rug\_adl\_sep | RUG ADL on Separation (Care Types 8, MC) |
| ref\_pall\_care | Source of referral to Palliative Care (Care Type 8)  Spaces (Care Type MC) |
| phs\_care\_adm | Phase of Care on Admission (Care Type 8)  Space (Care Type MC) |
| final\_phs\_care | Final Phase of Care (episodes with > 10 changes of Phase of Care) |
| final\_phase\_care\_start\_dt | Final Phase of Care Start Date (episodes with > 10 changes of Phase of Care) |
| final\_rug\_adl\_phase\_care | RUG ADL on start Final Phase of Care (episodes with > 10 changes of Phase of Care) |
| pref\_death\_pl | Preferred death place (Care Type 8) |
| PhCare\_Chg\_Dt01-10 | Phase of Care Change Date (Phase of care changes - Care Type 8) |
| PhCare\_On\_Chg01-10 | Phase of Care on Phase Change (Phase of care changes - Care Type 8) |
| PhCare\_Rug\_Chg01-10 | RUG ADL on Phase Change (Phase of care changes - Care Type 8) |
| triage\_adm | Triage Score on Admission (Care Type 8) |
| lve\_phcare\_adm | Leave days – Phase of Care on Admission (Care Type 8) |
| lve\_phcare\_chg01-10 | Leave days – Phase of Care Change (Care Type 8) |
| lve\_final\_phcare | Leave days – Final Phase of Care (Care Type 8) |

## S5 tab

|  |  |
| --- | --- |
| Column header | Description |
| Type | S5 Subacute record |
| Action | NEW, UPD Update, DEL Delete |
| Error | Rejection, Warning |
| unique\_key | Hospital generated Unique Key |
| ur\_nbr | Hospital generated Patient Identifier |
| barthel\_adm | Spaces (not reported from 1/7/2014) |
| barthel\_sep | Spaces (not reported from 1/7/2014) |
| func\_assess\_dt\_adm | Functional Assessment Date on Admission |
| func\_assess\_dt\_sep | Functional Assessment Date on Separation |
| clinical\_sub\_pgm | Spaces (no longer reported) |
| onset\_dt | Onset Date |
| adm\_rehab | Admission/Re-admission to Rehabilitation |
| user\_flag | Optional field |
| FIM\_score\_on\_adm | FIM Score on Admission |
| FIM\_score\_on\_sep | FIM Score on Separation |
| impairment | Impairment |

## V5 tab

|  |  |
| --- | --- |
| Column header | Description |
| Type | V5 DVA / TAC record |
| Action | NEW, UPD Update |
| Error | Rejection, Warning |
| unique\_key | Hospital generated Unique Key |
| ur\_nbr | Hospital generated Patient Identifier |
| dva/tac\_nbr | DVA Card or TAC Claim Number |
| surname | Patient’s Surname |
| given\_name | Patient’s Given Name(s) |
| accident\_dt | Date of patient’s accident (TAC) |
| adm\_dt | Admission Date |
| sep\_dt | Separation Date |
| User\_flag | Optional field |

## X5\_Y5 tab

|  |  |
| --- | --- |
| Column header | Description |
| Type | X5 Diagnosis record (up to 12 diagnosis and procedure codes)  Y5 Extra diagnosis record (up to 28 additional diagnosis and procedure codes) |
| Action | NEW, UPD Update, DEL Delete |
| Error | Rejection, Warning |
| unique\_key | Hospital generated Unique Key |
| ur\_nbr | Hospital generated Patient Identifier |
| Sex at birth | Sex at birth of patient (drawn from VAED processing database) |
| adm\_weight | Admission Weight |
| effective\_dt | Separation Date (drawn from VAED processing database) |
| date\_of\_birth | Patient’s date of birth (derived item) |
| proc\_start\_dt | Procedure Start Date |
| proc\_start\_tm | Procedure Start Time |
| care\_plan\_dt | Care Plan Documented Date |
| dcid\_1-100 | Diagnosis Cluster Identifier (DCID) |
| diag\_cd\_01-100 | ICD-10-AM diagnosis codes  Codes causing a rejection are preceded by \* (asterisk)  Codes causing a warning are preceded by # (hatch) |
| proc\_cd\_01-40 | ACHI procedure codes  Codes causing a rejection are preceded by \* (asterisk)  Codes causing a warning are preceded by # (hatch) |
| icu\_stay | Duration of Stay in Intensive Care Unit (ICU) |
| ccu\_stay | Duration of Stay in Cardiac/Coronary Care Unit |
| mv\_dur | Duration of Mechanical Ventilation in ICU |
| niv\_dur | Duration of Non-invasive Ventilation (NIV) in ICU |
| user\_flg | Optional field |
| hosp\_drg | Hospital generated DRG (if reported) |
| nat\_drg | VAED processor generated AR‑DRG |
| vic\_drg | Spaces (no longer reported from 1/7/2021) |
| wies\_value | Spaces (no longer reported from 1/7/2021) |
| proc\_id | Proceduralist ID |
| unplanned\_rtn\_theatre | Unplanned return to theatre |

## Other reports tab

Transmitted Transaction Report

Allows hospital to confirm that the correct number of records were sent and received.

|  |  |
| --- | --- |
| Transaction count | Description |
| Counts by record type | E5J5 Episode records  X5Y5 Diagnosis records  V5 DVA/TAC records  S5 Subacute records  P5 Palliative records |
| Counts by action | NEW  UPD  DEL Deletion  TOT Total |
| Expected/Sent | Number of records sent as calculated by hospital (if reported) |
| Received | Number of records received as calculated by VAED processor |
| Accepted | Records accepted (the VAED processing database retains a record of these transactions, records triggering warnings included in count) |
| Rejected | Number of records rejected (the VAED processing database does not retain a record of these transactions |
| Warnings | Records accepted |
| Notifiables | 0 (notifiables removed from 1 July 2015) |
| Fatals | 0 (do not appear on hospital report) |

User Reconciliation Report

Allows hospital to reconcile the hospital’s in-house system count (Trailer record) with VAED processor count (PRS2). PRS2 calculated totals only include records which have been accepted.

|  |  |
| --- | --- |
| Counts data submitted | Description |
| For month of submission  Month to Date | On leave at start of month  In at start of month  Admission (incl. Statistical)  Separations (incl. Statistical)  On leave at end header date  Actual remaining in at end header date  Same day stay patients  Contract leave days this month to date  Leave days this month to date  Pat days this month to date (excl leave)  Statistical separations this month to date |
| Year to Date | On leave at start year  In at start of year  Admission (incl. Statistical)  Separations (incl. Statistical)  Same day stay patients  Contract leave days this year  Leave days this year  Pat days this year (excl leave)  Statistical separations this year |
| Trailer Rec Totals | Number as calculated by hospital (if submitted) |
| PRS2 Calculated Totals | Number as calculated by VAED processor (not all figures can be calculated) |

### User Reconciliation Report

### User Reconciliation — page 1 [summary statistics MTD/YTD]

|  |  |  |  |
| --- | --- | --- | --- |
| Description | | The report is divided into two parts, month-to-date data: and year-to-date data.  In the description below:  ‘This month’ means the month indicated in the Header Record.  ‘This year’ means the financial year of the month indicated in the Header Record.  Patient Days (unless otherwise indicated) include newborns (Unqualified and Qualified days).  ‘Same Day’ Separations MTD and YTD are reported in Trailer Records 1 (T5) and 2 (U5) respectively. The User Reconciliation Report Page 2 shows both ‘Patient Days’ and ‘Separations’ for the ‘Same Day’ categories for each sector, drawing the figure for ‘Patient Days’ from the reported ‘Separations’ figure in each instance for Trailer Record Totals for each reporting period.  VAED processor Calculated Totals derive both ‘Patient Days’ and ‘Separations’ for the ‘Same Day’ categories for each sector from the hospital’s database, after processing the current submission.  The three columns in each portion are:  Data items calculated in the report  Trailer Record Totals (submitted in the summary statistics section of Trailer Record T5)  VAED processor Calculated Totals  The totals are calculated based on data from all Episode Records that have been successfully processed both in this submission, and previously. Episode Records that have been rejected are not included in these calculations; this includes the effect the rejected record would have made to calculations of Patient Days, Leave Days (with and without permission) and Contract Leave Days.  If the intention of the rejected Episode Record was to update an earlier record, calculations are completed using the contents of the earlier record.  Calculations allow for a comparison between the Trailer Record and the data accepted by the VAED processing database, enabling the identification of any discrepancies. | |
| Trailer Record Totals | | Most data items have been provided in Trailer Record 1 (T5). Data items in the User Reconciliation Report that are not taken from Trailer Record 1 (T5) should be available to a hospital via in-house systems and can be used for reconciliation. | |
| PRS/2 Calculated Totals | | Data sources for this column are described below. | |
| Month-To-Date Data Items | |
| ON LEAVE AT START OF MONTH | Patients admitted before the start of this month but who were out of the hospital on Leave (with and without permission) (excludes patients on Contract Leave). |
| Trailer Record column | Figure taken from Trailer Record 1 (T5) (On Leave at End Date) of previous end-of-month submission. |
| PRS/2 column | Filled with asterisks, details of leave not reported for specific dates so no data |
| IN AT START OF MONTH | Patients admitted before the start of this month and not formally separated or on Leave (with and without permission). |
| Trailer Record column | Blank, but for reconciliation purposes, use figure for Actual Remaining in at End Date from previous end-of-month submission. |
| PRS/2 column | Count of Episode Records with Admission Date in a previous month but not separated by the start of the month being submitted. (Includes patients on Leave with and without permission in the count, as these cannot be differentiated by the VAED processor.) |
| ADMISSION (INCL. STATISTICAL) | Total of all admissions for this month: formal and statistical, same day and overnight. |
| Trailer Record column | Figure taken from Trailer Record 1 (T5) (MTD Admissions (includes statistical)). |
| PRS/2 column | Count of Episode Records with an Admission Date within this month. |
| SEPARATIONS (INCL. STATISTICAL) | Total of all separations for this month: formal and statistical, same day and overnight. |
| Trailer Record column | Figure taken from Trailer Record 1 (T5) (MTD Separations (includes statistical)). |
| PRS/2 column | Count of Episode Records with a Separation Date within this month. |
| ON LEAVE AT END HEADER DATE | Total of patients on Leave (with and without permission) at midnight on the date identified as the End Date in the Header Record H5 (excludes patients on Contract Leave). |
| Trailer Record column | Figure taken from Trailer Record 1 (T5) (On Leave at End Date). |
| PRS/2 column | Repeats the hospital’s figure, if reported |
| ACTUAL REMAINING IN AT END HEADER DATE | Total of patients in hospital at midnight on the date identified as the End Date in the Header Record. Includes patients in all Care Types and those on Contract Leave but excludes those on Leave with and without Permission. |
| Trailer Record column | Figure taken from Trailer Record 1 (T5) (Actual Remaining in at End Date). |
| PRS/2 column | Calculated by counting Episode Records with a Separation Date of 00/00/0000 (ie, unseparated, thus this count includes any patients currently on Leave with and without permission) held on VAED processing database after this submission is processed. |
| SAME DAY STAY PATIENTS | Patients who were admitted and separated on the same date during this month. |
| Trailer Record column | Figure taken from Trailer Record 1(T5) (total of Same Day Separations MTD). |
| PRS/2 column | Count of Episode Records with the same Admission and Separation Dates during this month. |
| CONTRACT LEAVE DAYS THIS MONTH-TO-DATE | Total days of Contract Leave accumulated by patients who have been on Contract Leave during this month. |
| Trailer Record column | Blank – refer to in-house systems |
| PRS/2 column | Total of Contract Leave Days MTD fields from all Episode Records separated this month or remaining in. |
| LEAVE DAYS THIS  MONTH-TO-DATE | Total days of Leave (with and without permission) accumulated by patients who have been on Leave (with and without permission) during this month. |
| Trailer Record column | Blank – refer to in-house systems |
| PRS/2 column | Total of Leave (with and without permission) Days MTD fields from all Episode Records separated this month or remaining in. |
| PAT DAYS THIS  MONTH-TO-DATE (EXCL LEAVE) | Total patient days this month excluding days when patients were on Leave (with and without permission); includes days when patients were on Contract Leave. |
| Trailer Record column | Figure taken from Trailer Record 1 (T5) (MTD: Patient Days). |
| PRS/2 column | Total of Patient Days MTD fields minus Leave (with and without permission) Days MTD from all Episode Records separated this month or remaining in. |
| STATISTICAL SEPARATIONS THIS MONTH-TO-DATE | Total Statistical Separations for this MTD (these have also been included in Separations MTD). |
| Trailer Record column | Figure taken from Trailer Record 1 (T5) (MTD: Statistical Separations). |
| PRS/2 column | Count of Episode Records with a Separation Date in this month and a Statistical Separation Mode. |
| Financial Year-To-Date Data Items | |
| ON LEAVE AT START OF YEAR | Patients admitted before the start of this financial year but who were out of the hospital on Leave (with and without permission) (excludes patients on Contract Leave) at that date. |
| Trailer Record column | Blank but, if necessary, for reconciliation purposes, use hospital-generated figure. |
| PRS/2 column | Filled with asterisks, as details of patients on leave at any date not reported so cannot provide comparative data. |
| IN AT START OF YEAR | Patients admitted before the start of this financial year and not separated or on Leave (with and without permission) before 1 July of this financial year. |
| Trailer Record column | Blank but, if necessary, for reconciliation purposes, use hospital-generated figure. |
| PRS/2 column | Count of Episode Records with Admission Date before the start of this financial year but not separated before 1 July of this financial year. (Includes patients on Leave with and without permission in this count, as these cannot be differentiated) |
| ADMISSION (INCL. STATISTICAL) | Total of all admissions for this financial year: formal and statistical, same day and overnight. |
| Trailer Record column | Figure taken from Trailer Record 1 (T5: YTD Admissions (includes statistical)). |
| PRS/2 column | Count of Episode Records with an Admission Date within this financial year. |
| SEPARATIONS (INCL. STATISTICAL) | Total of all separations for this financial year: formal and statistical, same day and overnight. |
| Trailer Record column | Figure taken from Trailer Record 1 (T5: YTD Separations (includes statistical)). |
| PRS/2 column | Count of Episode Records with a Separation Date within this financial year. |
| SAME DAY STAY PATIENTS | Patients who were admitted and separated on the same date during this financial year. |
| Trailer Record column | Figure taken from Trailer Record 2 (U5: total of Same Day Separations YTD). |
| PRS/2 column | Count of Episode Records with the same Admission and Separation Dates during this financial year. |
| CONTRACT LEAVE DAYS THIS YEAR | Total days of Contract Leave accumulated by patients who have been on Contract Leave during this financial year. |
| Trailer Record column | Blank but, if necessary, for reconciliation purposes, use hospital-generated figure. |
| PRS/2 column | Total of Contract Leave Days YTD fields from all Episode Records separated this financial year or remaining in at End Date. |
| LEAVE DAYS THIS YEAR | Total days of Leave (with and without permission) accumulated by patients who have been on Leave (with and without permission) during this financial year. |
| Trailer Record column | Blank but, if necessary, for reconciliation purposes, use hospital generated figure. |
| PRS/2 column | Total of Leave (with and without permission) Days YTD fields from all Episode Records separated this financial year or remaining in. |
| PAT DAYS THIS YEAR (EXCL. LEAVE) | Total patient days this financial year excluding days when patients were on Leave (with and without permission); includes days when patients were on Contract Leave. |
| Trailer Record column | Figure taken from Trailer Record 1 (T5) (YTD Patient Days). |
| PRS/2 column | Total of Patient Days YTD fields minus Leave (with and without permission) Days YTD from all Episode Records separated this financial year or remaining in. |
| STATISTICAL SEPARATIONS THIS YEAR | Total Statistical Separations for this financial year (also included in Separations YTD). |
| Trailer Record column | Figure taken from Trailer Record 1 (T5) (YTD Statistical Separations). |
| PRS/2 column | Count of Episode Records with a Separation Date in this financial year and a Statistical Separation Mode. |

### User Reconciliation — page 2 [EOM statistics]

End of Month (EOM) requirements are different for public hospitals and private hospitals/day procedure centres. The following pages describe the User Reconciliation Report, Page 2, separately for each hospital sector (although many of the items are common to both public and private hospitals and day procedure centres): this will allow users to identify the pages relevant to their hospital. For all sectors:

|  |  |
| --- | --- |
| Description | The report is divided into three parts, each containing five distinct columns: The upper portion reports month-to-date data; the middle portion reports year-to-date figures; the lower portion reports data for episodes separated in the YTD. |
|  | In the description below:  ‘This month’ means the month indicated in the Header Record for the submission.  ‘This year’ means the financial year of the month indicated in the Header Record for the submission.  Patient Days (unless otherwise indicated) include newborns (both Unqualified and Qualified days).  ‘Same Day’ Separations MTD and YTD are reported in Trailer Records 1 (T5) and 2 (U5) respectively. The User Reconciliation Report Page 2 shows both ‘Patient Days’ and Separations’ for the ‘Same Day’ categories for each sector, drawing the figure for ‘Patient Days’ from the separated ‘Separations’ figure in each instance for Trailer Record Totals for each reporting period.  VAED processor Calculated Totals derive both ‘Patient Days’ and ‘Separations’ for the ‘Same Day’ categories for each sector from the hospital’s database, after processing the current submission. |
|  | The five columns in each portion are:  Data items calculated in the report (left column).  Trailer Record Totals (2 middle columns): patient days (PAT DAYS) and separations (SEPNS).  Extracted from the EOM Statistics section of Trailer Record 1 and 2 as transmitted by the hospital. |
|  | VAED processor Calculated Totals (2 columns on right): patient days (PAT DAYS) and separations (SEPNS).  Calculated based on data from all Episode Records that have been successfully processed both in this submission, and previously. Episode Records that have been rejected are not included in these calculations; this includes the effect the rejected record would have made to calculations of Patient Days, leave (with and without permission) Days and Contract Leave Days.  If the intention of the rejected Episode Record was to update an earlier record, calculations are completed using the contents of the earlier record.  The calculations allow for a comparison between the Trailer Record and the data accepted by the VAED processor, enabling the identification of any discrepancies. The reconciliation process is described in detail in this section. |
|  | In this report, the same rules as set out for the Trailer Records for arriving at each count. |

### User Reconciliation Report, page 2: Private hospitals and day procedure centres

|  |  |
| --- | --- |
| Description | Explanation of the columns |
| Data Items | In this report, PRS/2 follows the same rules as set out for the Trailer Records for arriving at each count. |
| Month-To-Date Patient Days and Separations | |
| PRIVATE – ACUTE | Total Patient Days/Separations for private acute patients (including DVA acute patients) in Header Record month (or month-to-date); both formal and statistical, both same day and overnight. |
| PRIVATE – NURSING HOME TYPE | Total Patient Days/Separations for private NHT patients (including DVA NHT patients) in Header Record month (or month-to-date); both formal and statistical, both same day and overnight. |
| COMPENSABLE | Total Patient Days/Separations for compensable patients in Header Record month (or month‑to‑date); both formal and statistical, both same day and overnight. |
| INELIGIBLE | Total Patient Days/Separations for ineligible patients in Header Record month (or month‑to‑date); both formal and statistical, both same day and overnight. |
| PUBLIC – UNDER CONTRACT | Total Patient Days/Separations for public patients under contract in Header Record month (or month‑to‑date); both formal and statistical, both same day and overnight. |
| PRIVATE – UNDER CONTRACT | There should not be any such patients recorded in either the Trailer Record or the VAED Calculated Totals. |
| Month-To-Date Same Day Separations (ie, Admission/Separation on same Date) | |
| PRIVATE – SAME DAY | Total separations of private (including DVA) same day patients in Header Record month (or month‑to‑date). |
| COMPENSABLE – SAME DAY | Total separations of compensable same day patients in the Header Record month (or month‑to‑date). |
| INELIGIBLE – SAME DAY | Total separations of ineligible same day patients in Header Record month (or month‑to‑date). |
| PUBLIC – UNDER CONTRACT – SAME DAY | Total separations of public under contract same day patients in Header Record month (or month‑to‑date). |
| PRIVATE – UNDER CONTRACT – SAME DAY | There should not be any such patients recorded in either the Trailer Record or the VAED Calculated Totals. |
| Year-To-Date Patient Days and Separations | |
| PRIVATE – ACUTE | Total patient days/separations for private acute patients (including DVA acute patients) in the Header Record financial year (financial year‑to‑date); both formal and statistical, both same day and overnight. |
| PRIVATE – NURSING HOME TYPE | Total patient days/separations for private NHT patients (including DVA NHT patients) in the Header Record financial year (financial year‑to‑date); both formal and statistical, both same day and overnight. |
| COMPENSABLE | Total patient days/separations for compensable patients in the Header Record financial year (financial year‑to‑date); both formal and statistical, both same day and overnight. |
| INELIGIBLE | Total patient days/separations for ineligible patients in the Header Record financial year (financial year‑to‑date); both formal and statistical, both same day and overnight. |
| PUBLIC – UNDER CONTRACT | Total patient days/separations for public patients under contract in the Header Record financial year (financial year‑to‑date); both formal and statistical, both same day and overnight. |
| PRIVATE – UNDER CONTRACT | There should not be any such patients recorded in either the Trailer Record or the VAED Calculated Totals. |
| Year-To-Date Same Day Separations (i.e., Admission/Separation on same Date) | |
| PRIVATE – SAME DAY | Total separations of private (including DVA) same day patients in the Header Record financial year (financial year‑to‑date). |
| COMPENSABLE – SAME DAY | Total separations of compensable same day patients in the Header Record financial year (financial year‑to‑date). |
| INELIGIBLE – SAME DAY | Total separations of ineligible same day patients in the Header Record financial year (financial year‑to‑date). |
| PUBLIC – UNDER CONTRACT – SAME DAY | Total separations of public under contract same day patients in the Header Record financial year (financial year‑to‑date). |
| PRIVATE – UNDER CONTRACT – SAME DAY | There should not be any such patients recorded in either the Trailer Record or the VAED Calculated Totals. |
| Total Patient Days for YTD Separations | |
| PRIVATE – ACUTE | Total patient days for private acute patients (including DVA acute patients) separated in the Header Record financial year (financial year‑to‑date). Includes patient days incurred by same day patients. |
| PRIVATE – NURSING HOME TYPE | Total patient days for private NHT patients (including DVA NHT patients) separated in the Header Record financial year (financial year‑to‑date). Includes patient days incurred by same day patients. |
| COMPENSABLE | Total patient days for compensable patients separated in the Header Record financial year (financial year‑to‑date). Includes patient days incurred by same day patients. |
| INELIGIBLE | Total patient days for ineligible patients separated in the Header Record financial year (financial year‑to‑date). Includes patient days incurred by same day patients. |
| PUBLIC – UNDER CONTRACT | Total patient days for public under contract patients separated in the Header Record financial year (financial year‑to‑date). Includes patient days incurred by same day patients. |
| PRIVATE – UNDER CONTRACT | There should not be any such patients recorded in either the Trailer Record or the VAED Calculated Totals. |
| Total YTD Same Day Separations | |
| Figures in Patient Days and Separations columns repeat those from YTD Same Day Patient Days and YTD Same Day Separations respectively. | |

### User Reconciliation Report, page 2: Public hospitals

|  |  |
| --- | --- |
| Description | Explanation of the columns |
| Additional notes for the Public Sector only | For public sector sites, End of Month Statistics must report for each period (MTD, YTD and Total Patient Days for YTD Separations) figures consistent with Commonwealth definitions for ‘patient days’ and ‘separations’. This has particular relevance for newborn episodes and days of stay:  An episode during which the babe is a Qualified newborn for at least one day is reported as a ‘Separation’ under the relevant Account Class groups;  An episode entirely comprised of Unqualified Days is reported as an ‘Unqualified Episode’ only;  Days during which the babe is a Qualified Newborn are reported as ‘Patient Days’ under the relevant Account Class groups;  Days during which the babe is Unqualified are reported as ‘Unqualified Days of Stay’ only; this includes Unqualified days in episodes where the newborn is classed as Unqualified during the entire duration of the episode. |
| Data Items | In this report, same rules apply as set out for the Trailer Records for arriving at each count. |
| Month-To-Date Patient Days and Separations | |
| PUBLIC – ACUTE | Total MTD Patient Days/Separations for public acute patients in the Header Record month (or month‑to‑date); both formal and statistical, both same day and overnight, MTD Qualified days only for newborns, and newborn episodes separated in the MTD, during which the babe is a Qualified newborn for a least one day. |
| PRIVATE – ACUTE | Total MTD Patient Days/Separations for private acute patients (including DVA acute patients) in the Header Record month (or month‑to‑date); both formal and statistical, both same day and overnight, MTD Qualified days only for newborns, and newborn episodes separated in the MTD, during which the babe is a Qualified newborn for a least one day. |
| COMPENSABLE – ACUTE | Total MTD Patient Days/Separations for compensable acute patients in the Header Record month (or month‑to‑date); both formal and statistical, both same day and overnight. |
| INELIGIBLE – ACUTE | Total MTD Patient Days/Separations for ineligible acute patients in the Header Record month (or month‑to‑date); both formal and statistical, both same day and overnight, MTD Qualified days only for newborns, and newborn episodes separated in the MTD, during which the babe is a Qualified newborn for a least one day. |
| PUBLIC – NURSING HOME TYPE NH5 | Total MTD Patient Days/Separations for public NHT NH5 patients in the Header Record month, both formal and statistical, both same day and overnight. |
| PUBLIC – NURSING HOME TYPE NON NH5 | Total MTD Patient Days/Separations for public NHT non-NH5 patients in the Header Record month (or month‑to‑date); both formal and statistical, both same day and overnight. |
| PRIVATE – NURSING HOME TYPE NH5 | Total MTD Patient Days/Separations for private NHT NH5 patients (including DVA NHT NH5 patients) in the Header Record month (or month‑to‑date); both formal and statistical, both same day and overnight. |
| PRIVATE – NURSING HOME TYPE NON NH5 | Total MTD Patient Days/Separations for private NHT non-NH5 patients (including DVA NHT non NH5 patients) in the Header Record month (or month‑to‑date); both formal and statistical, both same day and overnight. |
| COMPENSABLE – NON‑ACUTE | Total MTD Patient Days/Separations for compensable non-acute patients in the Header Record month (or month‑to‑date); both formal and statistical, both same day and overnight. |
| INELIGIBLE – NON‑ACUTE | Total MTD Patient Days/Separations for ineligible non-acute patients in the Header Record month (or month‑to‑date); both formal and statistical, both same day and overnight. |
| Month-To-Date Same Day Separations (ie, Admission and Separation on same Date)  Some figures also printed as ‘Pat Days’. | |
| PUBLIC – SAME DAY | Total MTD Separations of public same day patients in the Header Record month (or month‑to‑date). |
| PRIVATE – SAME DAY | Total MTD Separations of private (including DVA) same day patients in the Header Record month (or month‑to‑date). |
| COMPENSABLE – SAME DAY | Total MTD Separations of compensable same day patients in the Header Record month (or month‑to‑date). |
| INELIGIBLE – SAME DAY | Total MTD Separations of ineligible same day patients in the Header Record month (or month‑to‑date). |
| UNQUALIFIED NEWBORNS | Total MTD Unqualified newborn days in the Header Record month (or month-to-date). Includes Unqualified newborn days in episodes where newborn is classed as Unqualified for the entire duration of stay, and Unqualified newborn days in episodes where, for a period of the stay, the newborn was classed as Qualified.  Total separations in the Header Record month (or month‑to‑date) of newborns who were unqualified for the whole of the episode of care. |
| Financial Year-To-Date Patient Days and Separations | |
| PUBLIC – ACUTE | Total YTD Patient Days/Separations for public acute patients in the Header Record financial year (financial year‑to‑date); both formal and statistical, both same day and overnight, YTD Qualified days only for newborns, and newborn episodes separated in the YTD, during which the babe is a Qualified newborn for a least one day. |
| PRIVATE – ACUTE | Total YTD Patient Days/Separations for private acute patients (including DVA acute patients) in the Header Record financial year (financial year‑to‑date); both formal and statistical, both same day and overnight, YTD Qualified days only for newborns, and newborn episodes separated in the YTD, during which the babe is a Qualified newborn for a least one day. |
| COMPENSABLE – ACUTE | Total YTD Patient Days/Separations for compensable acute patients in the Header Record financial year (financial year‑to‑date); both formal and statistical, both same day and overnight. |
| INELIGIBLE - ACUTE | Total YTD Patient Days/Separations for ineligible acute patients in the Header Record financial year (financial year‑to‑date); both formal and statistical, both same day and overnight, YTD Qualified days only for newborns, and newborn episodes separated in the YTD, during which the babe is a Qualified newborn for a least one day. |
| PUBLIC – NURSING HOME TYPE NH5 | Total YTD Patient Days/Separations for public NHT NH5 patients in the Header Record financial year (financial year‑to‑date); both formal and statistical, both same day and overnight. |
| PUBLIC – NURSING HOME TYPE NON NH5 | Total YTD Patient Days/Separations for public NHT non-NH5 patients in the Header Record financial year (financial year‑to‑date); both formal and statistical, both same day and overnight. |
| PRIVATE – NURSING HOME TYPE NH5 | Total YTD Patient Days/Separations for private NHT NH5 patients (including DVA NHT NH5 patients) in the Header Record financial year (financial year‑to‑date); both formal and statistical, both same day and overnight. |
| PRIVATE – NURSING HOME TYPE NON NH5 | Total YTD Patient Days/Separations for private NHT non-NH5 patients (including DVA NHT non NH5 patients) in the Header Record financial year (financial year‑to‑date); both formal and statistical, both same day and overnight. |
| COMPENSABLE – NON‑ACUTE | Total YTD Patient Days/Separations for compensable non-acute patients in the Header Record financial year (financial year‑to‑date); both formal and statistical, both same day and overnight. |
| INELIGIBLE – NON‑ACUTE | Total YTD Patient Days/Separations for ineligible non-acute patients in the Header Record financial year (financial year‑to‑date); both formal and statistical, both same day and overnight. |
| Year-To-Date Same Day Separations (ie, Admission/Separation on same Date)  Some figures also printed as ‘Pat Days’. | |
| PUBLIC – SAME DAY | Total YTD Separations of public same day patients in the Header Record financial year (financial year‑to‑date). |
| PRIVATE – SAME DAY | Total YTD Separations of private (including DVA) same day patients in the Header Record financial year (financial year‑to‑date). |
| COMPENSABLE – SAME DAY | Total YTD Separations of compensable same day patients in the Header Record financial year (financial year‑to‑date). |
| INELIGIBLE – SAME DAY | Total YTD Separations of ineligible same day patients in the Header Record financial year (financial year‑to‑date). |
| UNQUALIFIED NEWBORNS | Total MTD Unqualified newborn days in the Header Record financial year (or financial year-to-date). Includes Unqualified newborn days in episodes where newborn classed as Unqualified for entire duration of stay, and Unqualified newborn days in episodes where, for a period of the stay, the newborn was classed as Qualified.  Total separations in the Header Record financial year (financial year‑to‑date) who were unqualified for the whole of the episode of care. |
| POSTHUMOUS ORGAN PROCUREMENT | Total MTD Posthumous Organ Procurement patient days in the Header Record month (or month-to-date).  Total Posthumous Organ Procurement separations in the Header Record financial year (or year-to-date). |
| Total Patient Days for YTD Separations  Figures for YTD Separations reported in YTD section are repeated in this section. | |
| PUBLIC – ACUTE | Total Patient Days for public acute patients separated in the Header Record financial year (financial year‑to‑date). Includes patient days incurred by same day patients, and, for separated newborns, only Total qualified days (ie excludes all Unqualified days). |
| PRIVATE –ACUTE | Total Patient Days for private acute patients (including DVA acute patients) separated in the Header Record financial year (financial year‑to‑date). Includes patient days incurred by same day patients, and, for separated newborns, only Total qualified days (ie excludes all Unqualified days). |
| COMPENSABLE – ACUTE | Total Patient Days for compensable acute patients separated in the Header Record financial year (financial year‑to‑date). Includes patient days incurred by same day patients. |
| INELIGIBLE – ACUTE | Total Patient Days for ineligible acute patients separated in the Header Record financial year (financial year‑to‑date). Includes patient days incurred by same day patients, and, for separated newborns, only Total qualified days (ie excludes all Unqualified days). |
| PUBLIC – NHT NH5 | Total Patient Days for public NHT NH5 patients separated in the Header Record financial year (financial year‑to‑date). Includes patient days incurred by same day patients. |
| PUBLIC – NHT NON NH5 | Total Patient Days for public NHT non-NH5 patients separated in the Header Record financial year (financial year‑to‑date). Includes patient days incurred by same day patients. |
| PRIVATE – NURSING HOME TYPE NH5 | Total Patient Days for private NHT NH5 patients (including DVA NHT NH5 patients) separated in the Header Record financial year (financial year‑to‑date). Includes patient days incurred by same day patients. |
| PRIVATE – NURSING HOME TYPE NON NH5 | Total Patient Days for private NHT non-NH5 patients (including DVA NHT non NH5 patients) separated in the Header Record financial year (financial year‑to‑date). Includes patient days incurred by same day patients. |
| COMPENSABLE – NON‑ACUTE | Total Patient Days for compensable non-acute patients separated in the Header Record financial year (financial year‑to‑date). Includes patient days incurred by same day patients. |
| INELIGIBLE – NON‑ACUTE | Total Patient Days for ineligible non-acute patients separated in the Header Record financial year (financial year‑to‑date). Includes patient days incurred by same day patients. |
| Total YTD Same Day Separations | |
| Figures in Patient Days and Separations columns repeat those from YTD Same Day Patient Days and YTD Same Day Separations respectively. | |
| Total Patient Days for YTD Separations (continued)  YTD Separations reported in section above are repeated in this section. | |
| UNQUALIFIED NEWBORNS | Total Unqualified days for newborns separated in the Header Record financial year (financial year‑to‑date), both for newborns who were Unqualified for the whole of the episode of care and Unqualified days accrued by newborns who also had Qualified days during their stay. |
| POSTHUMOUS ORGAN PROCUREMENT | Total Posthumous Organ Procurement patient days for posthumous organ donors separated in the Header Record financial year (or year-to-date). |

## Outstanding list tab

Outstanding Reports: Diagnosis / Subacute / Palliative / Extra episode

|  |  |
| --- | --- |
| Column header | Data element |
| sep\_dt | Separation date |
| ur\_nbr | Hospital generated Patient Identifier |
| Sex at birth | Sex at birth of patient |
| date\_of\_birth | Date of birth |
| care\_type | Care type |
| unique\_key | Hospital generated Unique Key |

### Outstanding Diagnosis Records for the period

|  |  |
| --- | --- |
| **Purpose** | To enable the hospital to identify separated E5 records accepted for which an X5 has not yet been successfully submitted. |
| **Description** | The Outstanding Diagnosis Report is also available as a Request Report (Refer to Section 6: Request Reports. As a standard report it will list outstanding diagnosis records for separations from 1 July of the current financial year to the end-date of the submission file. As a Request Report, other periods may be requested, such as dates in the previous financial year if requested before final consolidation.  The Outstanding Diagnosis Report is produced as a ‘standard’ report in each submission report, is generated after processing all records in this submission, and lists in Separation Date order:  SEPARATION DATE  UR NUMBER  SEX AT BIRTH  DATE OF BIRTH  CARE TYPE  UNIQUE KEY |
| **Action** | Monitor regularly. For public hospitals, funding may be affected if diagnosis records are not received by the published deadlines.  The Outstanding Diagnosis Report is produced after processing of this submission is completed, so entries will:  Include episodes for which Separation details have been submitted to update an E5 Episode Record in this file or in an earlier submission.  Exclude episodes submitted with admission details only (ie remaining in the hospital or on leave, as at the Header Record End Date) |

### Extra Episode Outstanding Report

|  |  |
| --- | --- |
| **Purpose** | To identify separated E5 records with Care Type other than 10 or U for which a J5 Extra Episode Report has not yet been successfully submitted. |
| **Description** | The Extra Episode Outstanding Report is produced as a ‘standard’ report in each submission report, is generated after processing all records in this submission, and lists in Separation Date order:  SEPARATION DATE  UR NUMBER  SEX AT BIRTH  DATE OF BIRTH  CARE TYPE  UNIQUE KEY |
| **Action** | Public hospitals, monitor regularly.  Submit the missing J5 Extra Episode Records or, if the Care Type was wrong, amend and re‑submit the E5.  The Extra Episode Outstanding Report is produced after processing of this submission is completed, so entries will:  Include episodes for which Separation details have been submitted to update an E5 Episode Record in this file or in an earlier submission.  Exclude episodes submitted with admission details only (ie remaining in the hospital or on leave, as at the Header Record End Date) |

### Subacute Outstanding Report

|  |  |
| --- | --- |
| **Purpose** | To identify separated E5 records, with Care Type P, 6 or 9, for which an S5 has not yet been successfully submitted. |
| **Description** | The Subacute Outstanding Report is also available as a Request Report (Refer to Section 6: Request Reports. As a standard report it will list outstanding subacute records for separations from 1 July of the current financial year to the end-date of the submission file. As a Request Report, other periods may be requested, such as dates in the previous financial year if requested before final consolidation.  The Subacute Outstanding Report is produced as a ‘standard’ report in each submission report, is generated after processing all records in this submission, and lists in Separation Date order:  SEPARATION DATE  UR NUMBER  SEX AT BIRTH  DATE OF BIRTH  CARE TYPE  UNIQUE KEY |
| **Action** | Public hospitals, monitor regularly, funding may be affected if subacute records are not received by the published deadlines.  Submit the missing S5 records or, if the Care Type was wrong, amend and re‑submit the E5.  The Subacute Outstanding Report is produced after processing of this submission is completed, so entries will:  Include episodes for which Separation details have been submitted to update an E5 Episode Record in this file or in an earlier submission;  Exclude episodes submitted with admission details only (ie remaining in the hospital or on leave, as at the Header Record End Date) |

### Palliative Outstanding Report

|  |  |
| --- | --- |
| **Purpose** | To identify separated episodes with Care Types 8 Palliative Care Program and MC Maintenance Care without a Palliative Record (P5). |
| **Description** | The Palliative Outstanding Report is also available as a Request Report (Refer to Section 6: Request Reports. As a standard report it will list outstanding palliative records for separations from 1 July of the current financial year to the end-date of the submission file. As a Request Report, other periods may be requested, such as dates in the previous financial year if requested before final consolidation.  The Palliative Outstanding Report is produced as a standard report in each submission report, is generated after processing all records in this submission and lists in Separation Date order: |
|  | SEPARATION DATE  UR Number  SEX AT BIRTH  DATE OF BIRTH  CARE TYPE  UNIQUE KEY |
| **Suggested Action** | Submit the missing P5 records or, if the Care Type was wrong, amend and re‑submit the E5. |

## Outstanding summary tab

Separations and outstanding report by month

* Discharges and outstanding diagnosis records
* Sub-acute separations and outstanding sub-acute records
* Palliative separations and outstanding palliative records
* Extra-episode separations and outstanding extra-episode records
* Hospital in the Home (HITH)

### Separations and outstanding Diagnosis Records for period

|  |  |
| --- | --- |
| **Purpose** | To enable the hospital to monitor X5 Diagnosis Records accepted and identify any separated E5 records for which an X5 has not yet been successfully submitted. |
| **Description** | Tabulation of:  DISCHARGES (Separations, both formal and statistical)  DIAGNOSIS OUTSTANDING  PERCENTAGE [of diagnoses] COMPLETED  by calendar month for the hospital’s current and previous calendar years (ie, once the hospital transmits a January file date, the report moves forward a year).  VAED processor counts a Diagnosis Outstanding for every E5 Episode Record with a Separation Date held that has not yet had an X5 Diagnosis Record successfully processed |
| **Action** | Monitor regularly. |
| **Appearance** | A matrix covering every month of the hospital’s current and previous calendar years. |
| **DISCHARGES** | Separations (formal and statistical) in that month and calendar year. |
| **DIAGNOSIS OUTSTANDING** | Count of episodes with separation details in that month and calendar year accepted without a Diagnosis Record after processing of this submission. |
| **PERCENTAGE COMPLETED** | Percentage of Separations that have a Diagnosis Record accepted in that month and calendar year. |
|  | This report is compiled after processing records in this submission. Rejected records are not included in these totals:  If a rejected submission had attempted to update an Episode Record by adding separation details, this separation will not be counted under Discharges.  If a new X5 record has been rejected, this will not be counted in Percentage Complete. |

### Separations with Extra Episode Records outstanding for the period

|  |  |
| --- | --- |
| **Purpose** | To enable the hospital to identify the number of separated E5 records with a Care Types other than 10 or U for which a J5 Extra Episode Record has not yet been successfully submitted |
| **Description** | Tabulation of:  SEPS (Separations, formal and statistical)  EXTRA EPISODE OUTSTANDING  PERCENTAGE EXTRA EPISODE COMPLETED  by calendar month for the hospital’s current and previous calendar years (ie, once the hospital transmits a January file date, the report moves forward a year).  Counts Extra Episode Outstanding for every E5 Episode Record with a Care Type other than 10 or U and a Separation Date that has not yet also had a J5 Extra Episode Record successfully processed. |
| **Action** | Monitor regularly |
| **Appearance** | A matrix covering every month of the hospital’s current and previous calendar years |
| **SEPS** | Separations (formal and statistical) in that month and calendar year with Care Type other than 10 or |
| **EXTRA EPISODE OUTSTANDING** | Count of episodes with Care Type other than 10 or U, with Separation details in that month and calendar year accepted, without an Extra Episode Record after processing of this submission |
| **% EXTRA EPISODE COMPLETED** | Percentage of separations requiring an Extra Episode Report that have a J5 Extra Episode Record in that month and calendar year |
|  | This report is compiled after processing records in this submission. Rejected records are not included in these totals:  If a rejected submission had attempted to correct a Care Type, this separation will not be counted under J5 Seps.  If a new Extra Episode record has been rejected, this will not be counted in % Extra Episode Completed. |

### Subacute separations and outstanding Subacute Records for the period

|  |  |
| --- | --- |
| **Purpose** | To enable the hospital to identify the number of separated E5 records with a Care Type requiring an S5 record for which an S5 has not yet been successfully submitted |
| **Description** | Tabulation of:  SUBACUTE SEPS (Separations, formal and statistical)  SUBACUTE OUTSTANDING  PERCENTAGE SUBACUTE COMPLETED  by calendar month for the hospital’s current and previous calendar years (ie, once the hospital transmits a January file date, the report moves forward a year).  Counts Subacute Outstanding for every E5 Episode Record with a subacute Care Type (P, 6, 9) and a Separation Date that has not yet also had a S5 Subacute Record successfully processed. |
| **Action** | Monitor regularly. |
| **Appearance** | A matrix covering every month of the hospital’s current and previous calendar years. |
| **SUB-ACUTE SEPS** | Separations (formal and statistical) in that month and calendar year with Care Type P, 6 or 9. |
| **SUB-ACUTE OUTSTANDING** | Count of subacute episodes with Separation details in that month and calendar year accepted, without an S5 Record after processing of this submission. |
| **% SUB-ACUTE COMPLETED** | Percentage of Subacute separations that have an S5 Record in that month and calendar year. |
|  | This report is compiled after processing records in this submission. Rejected records are not included in these totals:  If a rejected submission had attempted to correct a Care Type to subacute, this separation will not be counted under Subacute Seps.  If a new S5 record has been rejected, this will not be counted in % Subacute Completed. |

### Palliative separations and outstanding Palliative Records for the period

|  |  |
| --- | --- |
| **Purpose** | To enable the hospital to monitor P5 Palliative Records accepted and thereby identify the number of separated E5 records with a Care Type requiring an P5 record for which an P5 has not yet been successfully submitted. |
| **Description** | Tabulation of:  PALLIATIVE SEPS (Separations, formal and statistical)  PALLIATIVE OUTSTANDING  PERCENTAGE PALLIATIVE COMPLETED  by calendar month for the hospital’s current and previous calendar years (ie, once the hospital submits a January file date, the report moves forward a year).  VAED processor counts Palliative Outstanding for every E5 Episode Record with Care Type 8 and MC and a Separation Date that has not yet also had a P5 Palliative Record successfully processed. |
| **Action** | Monitor regularly.  If rejections are dealt with at the time the Control Report is received, the VAED processing database should remain identical to the in-house system regarding Palliative records. However, if there is a need to identify the specific palliative episodes remaining without P5 Records, request a Palliative Records Outstanding Report via the Header Record (see Palliative Outstanding Report, Section 6: Request Reports). |
| **Appearance** | A matrix covering every month of the hospital’s current and previous calendar years. |
| **PALLIATIVE SEPS** | Separations (formal and statistical) in that month and calendar year with Care Type 8 and MC. |
| **PALLIATIVE OUTSTANDING** | Count of episodes reported as Care Type 8 or MC with Separation details in that month and calendar year accepted, that remain without an P5 Record after processing of this submission. |
| **% PALLIATIVE COMPLETED** | Percentage of Separations reported as care Type 8 or MC that have an P5 Record in that month and calendar year. |
|  | This report is compiled after processing records in this submission. Rejected records are not included in these totals:  If a new P5 record has been rejected, this will not be counted in % Palliative Completed. |

### Episodes containing ‘ITH’ days for the period

|  |  |
| --- | --- |
| **Purpose** | To enable the hospital to monitor E5 Episode Records for episodes that include In the Home (ITH) Days, indicated by Accommodation Type 4 In the Home (Hospital – HITH) (see Accommodation Type, Section 3: Data Definitions). |
| **Description** | Tabulation of:  ITH SEPS (Separations that included one or more ITH Days)  ITH DAYS (Total ITH Days, shown here against the month of separation, not the month in which the ITH days occurred) by calendar month for the hospital’s current and previous calendar year (ie once the hospital submits a January file date, the report more forward a year). |
| **Action** | Monitor regularly by comparing these figures with figures from the hospitals in‑house system or other record.  If needed to identify specific episodes accounting for discrepancies, PRS/2 can provide a list of all episodes in PRS/2 with ITH Days. Request a Hospital In The Home Report through the Header Record (see Section 6: Request Reports). |
| **Appearance** | A matrix covering every month of the hospital’s current and previous calendar years. |
| **ITH SEPS** | Separations (formal and statistical) in that month and financial year that included one or more ITH Days. |
| **ITH DAYS** | Total ITH Days for all patients separated in that month and financial year. That is, each patient’s ITH Days are shown here against the month in which the patient was separated, not in the month in which the ITH Days occurred. |
| **R/I** | Unseparated episodes (remaining in) and their total ITH Days. This report is compiled after processing this submission. Rejected records are not included in these totals.  If a rejected transaction was either a new Episode Record that included ITH days, or an Episode Record that was attempting to update a record by reporting ITH days for the first time  If a rejected transaction was an Episode Record that was attempting to increase the number of ITH days, the record will be counted under ITH Separations or Remaining-In (whichever is appropriate) but the revised ITH days will not be included in the ITH Days. |

## Census report tab

Shows patients remaining in hospital at the Header End Date

|  |  |
| --- | --- |
| unique\_key | Hospital generated Unique Key |
| ur\_nbr | Hospital generated Patient Identifier |
| adm\_dt | Admission date |
| Sex at birth | Sex at birth of the patient |
| date\_of\_birth | Date of birth |
| care\_type | Care type |
| acnt\_class | Account Class (from stratus segment 1) |
| sep\_acnt\_class | Account class on separation |
| sep\_dt | Separation date |

### Census Report

|  |  |
| --- | --- |
| **Purpose** | To enable the hospital to review patients which the VAED processor shows as remaining in at the end date detailed in the Header Record and thereby identify any separations that have not been successfully submitted. |
| **Description** | The Census Report is produced as a ‘standard’ report in each submission report, is generated after processing all records in this submission, and lists in Unique Key order:  UNIQUE KEY  UR NUMBER  ADMISSION DATE  SEX AT BIRTH  DATE OF BIRTH  CARE TYPE  ACCOUNT CLASS (Account Class from Status Segment 1)  ACCOUNT CLASS ON SEPARATION (blank: for hospitals to use when reconciling)  SEP’N DATE |
| **Action** | * Use the Census Report to check each patient listed against the hospital’s census for the given date: * Identify any patient not listed in this Census Report who was in hospital on this census night; transmit an E5 for any such patient. * Identify any patient listed who was separated before this census night. For some reason that separation has not been successfully submitted, therefore re-submit the E5 with the relevant separation details. |

## Full report tab

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| --- | --- |
|  | **Report header –** identifies the hospital that submitted the data  file: aeZ9920250731154640\_prs2\_rcsa.data.xlsx  run\_id: CONTROL  submission\_cd: Z99  hosp\_cd: 999  hosp\_name: TEST HEALTH SERVICE  contact: HDSS  address: HDSS Help Desk  process\_run\_nbr: 45563359  process\_start\_dt: 01/08/2025 10:10:14  report\_created\_dt: 01/08/2025 10:15:31  submission\_recvd\_dt: 31/07/2025 15:46:40  Includes:  File (report) number  Type of report (control)  Submission code (Z99)  Hospital code (999)  Hospital name  Contact details  Process run number  Date and time submission processing started  Date and time submission report produced  Date and time submission received  **Transmitted Transactions Report** – sections include transaction counts, list of validations, and report of the transactions processed  **User Reconciliation** – compares summary statistics provided by hospital in the Trailer Record with VAED processor totals  **Separations and Outstanding Records for the Period** – separations and diagnoses in the VAED processing database for the current and previous calendar year  **Subacute Separations and Outstanding Sub‑Acute Records for the Period** -  subacute separations (Care Types P, 6, 9) and S5 records in the VAED processing database for the current and previous calendar year  **Palliative Separations and Outstanding Palliative Records for the Period -**  separations for Care Types 8 and MC and P5 records in the VAED processing database for the current and previous calendar year  **Census Report** – lists each patient without a separation date at the Header End Date in the VAED processing database  **Episodes containing ‘HITH’ Days for the Period** – HITH episodes in the VAED processing database for the current and previous calendar year |