

# Section 6 – Request reports

Victorian Admitted Episodes Dataset (VAED) manual

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To receive this publication in an accessible format, please phone 03 9096 8595, using the National Relay Service 13 36 77 if required, or email

[HDSS.helpdesk@dhhs.vic.gov.au](mailto:HDSS.helpdesk@dhhs.vic.gov.au)

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Available at <https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/data-collections>

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# Introduction

Health services may obtain data from the VAED processing database by:

- requesting reports, listed in this section
- receiving standard control reports generated when each submission file is processed (see Section 7 Control reports)

Health services may also obtain data from the VAED by:

- requesting VAED reconciliation reports by emailing [HDSS.helpdesk@dhhs.vic.gov.au](mailto:HDSS.helpdesk@dhhs.vic.gov.au)
  - Standard: includes episodes for all care types, includes WIES
  - Palliative: includes a phase of care report for all care type 8 episodes
  - Subacute: includes additional subacute fields including iSNACs for care types 6, 8, 9, MC and P.
- requesting VAED data from the HOSdata website at: <https://bettersafecare.vic.gov.au/our-work/performance-and-safety-reporting/HOSdata>

## Request Reports

Request Reports are produced when a submission file is processed. They are intended to assist in reconciling data and diagnosing problems in data submission.

Request Reports are ordered by including one or more report codes and report parameters in the Header Record. Up to seven different reports may be ordered at any one time. Where one report is needed in differing sequences or formats, only one run of that report can be requested at the one time. Refer to Section 5: Header Record.

The reports that can be requested are listed below:

### **Diagnosis Outstanding Report**

Lists all episodes with a separation date within the specified date range for which no Diagnosis Record (X5/Y5) is held. This report assists in identifying missing X5/Y5 records requiring submission.

### **DRGs for Review**

Lists episodes grouping to a range of nil value/problem DRGs. This report assists in review of the episodes and, where appropriate, X5/Y5s and/or E5s may be amended and re-submitted.

### **Census Report**

Lists all episodes where the patient was in hospital on the specified Census Date according to data held. This report allows comparison with the in-house census.

### **Subacute Outstanding Report**

Lists all episodes with Care Type P, 6 and 9 within the specified date range for which no Sub-Acute Record (S5) is held. This report assists in identifying missing S5 records to be submitted.

### **In the Home Report**

Lists all episodes where the patient had days recorded in Hospital in the Home (HITH) according to data held. This report may be compared with in-house lists to help identify discrepancies.

### **Palliative Outstanding Report**

Lists all episodes with Care Type 8 and MC within the specified date range for which no Palliative Record (P5) is held. This report will assist in identifying missing P5 records for submission.

### **Hospital Activity and WIES Report**

Lists summary data for all separated episodes for the financial year.

## Diagnoses Outstanding Report

|                          |   |
|--------------------------|---|
| <b>Report Code</b>       | 01  |
| <b>Purpose</b>           | <p>To identify episodes without diagnoses (and therefore without DRGs) remaining in the VAED processing database so that outstanding Diagnosis Records (X5/Y5s) can be submitted.</p> <p>Order this report if the Discharges and Outstanding Diagnoses part of the Control Report shows there are diagnoses outstanding but you cannot identify which records they are.</p> <p><b>Note:</b> This report is produced as a standard report whenever a submission file is processed. The standard report will report on all diagnoses outstanding for the current financial year.</p>  |
| <b>Suggested Action</b>  | Code records (if necessary) or correct coding and submit missing X5/Y5 records  |
| <b>Report Contents</b>   | Episodes with a separation date within the specified date range, for which no X5/Y5 is held   |
| <b>Period Covered</b>    | <p>Defined by the report parameters. Can cover any period in the current VAED processing database (that is, until the file has been closed on final consolidation for the financial year).</p> <p>For example, at 30 July 2018, the report could cover any period from</p> <p style="text-align: center;">1 July 2017 to 30 July 2018.</p>  |
| <b>Report Parameters</b> | <p>MMCCYYMMCCYY</p> <p>Requires a low MMCCYY and then a high MMCCYY to indicate the desired range of separation dates.</p> <p>The first MMCCYY is the first day of the first month in the period and the second MMCCYY is the last day of the last month in the period, where the full month has been submitted. Where the full month has not been submitted the report will contain data up to the period submitted.</p> <p>Thus, if the report is required from 01/07/2017 to 31/06/2018 transmit the input parameter: 072017062018</p> <p>Including the report code (01), the full fourteen characters would read:<br/>0107201706018</p> |
| <b>Report Sequence</b>   | Ascending Patient Identifier; within Patient Identifier, ascending Separation Date.   |
| <b>Fields Reported</b>   | PERIOD OF REPORT [in the title]<br>SEPARATION DATE<br>PATIENT IDENTIFIER (labelled UR Number)<br>SEX<br>DATE OF BIRTH<br>CARE TYPE<br>UNIQUE KEY<br>NUMBER OF OUTSTANDING DIAGNOSES FOR PERIOD  |

## DRGs for Review

|                          |  |   |
|--------------------------|--|---|
| <b>Report Code</b>       | 02   |   |
| <b>Purpose</b>           | By listing selected nil value/problem DRGs, the hospital can review clinical coding (accuracy, completeness, and sequencing) and accuracy of sex and date of birth.  |   |
| <b>Suggested Action</b>  | Where amendments can legitimately be made, re-submit the E5, and/or X5/Y5 records as appropriate, so these episodes can be re-grouped.   |   |
| <b>Report Contents</b>   | <p>Episodes with a separation date within the reporting range, grouping to nil value/problem DRGs:</p> <p>801A OR Procedures Unrelated to Principal Diagnosis, Major Complexity</p> <p>801B OR Procedures Unrelated to Principal Diagnosis, Intermediate Complexity</p> <p>801C OR Procedures Unrelated to Principal Diagnosis, Minor Complexity</p> <p>960Z Ungroupable</p> <p>961Z Unacceptable Principal Diagnosis</p> <p>963Z Neonatal Diagnosis Not Consistent W Age/Weight</p>   |   |
| <b>Period Covered</b>    | <p>Defined by the report parameters. Can cover any period in the VAED processing database (that is, until the file has been closed on final consolidation for the financial year).</p> <p>For example, at 30 July 2018, the report could cover any period from</p> <p style="padding-left: 40px;">1 July 2017 to 30 July 2018</p>  |   |
| <b>Report Parameters</b> | <p>MMCCYYMMCCYY</p> <p>Requires a low MMCCYY and then a high MMCCYY to indicate the desired range of separation dates.</p> <p>The first MMCCYY is the first day of the first month in the period and the second MMCCYY is the last day of the last month in the period, where the full month has been submitted. Where the full month has not been submitted the report will contain data up to the period submitted.</p> <p>Thus, if the report is required from 01/09/2017 to 31/07/2018 submit the input parameter: 092017072018</p> <p>Including the report code (02), the full fourteen characters would read: 02092017072018</p> |   |
| <b>Report Sequence</b>   | <p>Ascending DRG code; within DRG, the order is governed by:</p> <p>First diagnosis code</p> <p>First procedure code</p> <p>Patient Identifier</p> <p>Separation Date</p>  |   |
| <b>Fields reported</b>   | <p>PERIOD OF REPORT [in the title]</p> <p>DRG code [in the title]</p> <p>PATIENT IDENTIFIER (labelled UR Number)</p> <p>SEPARATION DATE</p> <p>VIC-DRG</p> <p>SEX</p>  | <p>DATE OF BIRTH</p> <p>DIAGNOSIS CODES</p> <p>PROCEDURE CODES</p> <p>UNIQUE KEY</p> <p>COUNT OF THESE DRGS FOR THE PERIOD [Footnote]</p> |

## Census Report

|                          |   |
|--------------------------|---|
| <b>Report Code</b>       | 03  |
| <b>Purpose</b>           | <p>To help identify the cause of discrepancies found when reconciling VAED processing database with in-house figures.</p> <p>Note that Transmission Control and Reconciliation Reports automatically produces a Census Report for the Header Record End Date. This report only needs to be requested if a Census Report is needed for another date. See Section 7: Census Report.</p>   |
| <b>Suggested Action</b>  | Compare with the in-house census for the specified date to identify any patient who is missing in, or incorrectly retained within, the VAED processing database. Submit, as appropriate, deletions or new or updated E5 Episode Record(s) with correct admission and/or separation details.   |
| <b>Report Contents</b>   | Episodes with an admission date less than or equal to the Census Date, and either no separation date or a separation date greater than the Census Date.   |
| <b>Period Covered</b>    | <p>Defined by the report parameters. Can cover any period in the VAED processing database (that is, until the file has been closed on final consolidation for the financial year).</p> <p>For example, at 30 July 2018, the report could cover any period from</p> <p style="text-align: center;">1 July 2017 to 30 July 2018</p>   |
| <b>Report Parameters</b> | <p>DDMMCCYY</p> <p>Requires the date of the census (Census Date).</p> <p>Thus, if the report is required for 7 November 2018 submit the input parameter: 07112018----[last four characters spaces]</p> <p>Including the report code (03), the full fourteen characters would read: 0307112018---- [last four characters spaces].</p>  |
| <b>Report Sequence</b>   | Ascending Admission Date; within Admission Date, ascending Patient Identifier.  |
| <b>Fields Reported</b>   | <p>PERIOD OF THE REPORT (that is, Date of the Census) [in the title]</p> <p>CURRENT FILE DATE [in the footnote]</p> <p>UNIQUE KEY</p> <p>PATIENT IDENTIFIER (labelled UR Number)</p> <p>ADMISSION DATE</p> <p>SEX</p> <p>DATE OF BIRTH</p> <p>CARE TYPE</p> <p>ACCOUNT CLASS</p> <p>ACCOUNT CLASS ON SEPARATION</p> <p>SEP'N DATE (Separation Date)</p> <p>NUMBER OF ADMITTED PATIENTS SELECTED FOR THE DATE (count of patients remaining in at that date.)</p> |



## Subacute Outstanding Report

|                          |  |
|--------------------------|--|
| <b>Report Code</b>       | 04   |
| <b>Purpose</b>           | <p>To identify episodes with Care Type P, 6 or 9 remaining in the VAED processing database without a Subacute Record (S5).</p> <p>Order this report if the Subacute Separations and Outstanding Subacute Records for the Period section of the Control Report shows there are S5 records outstanding but you cannot identify which records they are.</p>   |
| <b>Suggested Action</b>  | Submit the missing S5 records or, if the Care Type was wrong, amend and re-submit the E5.  |
| <b>Report Contents</b>   | Episodes with Care Type P, 6, 9 with a separation date within the specified date range, for which no S5 record is held.  |
| <b>Period Covered</b>    | <p>Defined by the report parameters. Can cover any period in the VAED processing database (that is, until the file has been closed on final consolidation for the financial year).</p> <p>For example, at 31 July 2017, the report could cover any period from</p> <p style="padding-left: 40px;">1 July 2016 to 30 July 2017</p> <p>At 31 October 2017, the report could cover only</p> <p style="padding-left: 40px;">1 July 2017 to 31 October 2017</p>   |
| <b>Report Parameters</b> | <p>MMCCYYMMCCYY</p> <p>Requires a low MMCCYY and then a high MMCCYY to indicate the desired range of separation dates.</p> <p>The first MMCCYY is the first day of the first month in the period and the second MMCCYY is the last day of the last month in the period, where the full month has been submitted. Where the full month has not been submitted the report will contain data up to the period submitted.</p> <p>Thus, if the report is required from 01/09/2017 to 31/01/2018 submit the input parameter: 092017012018</p> <p>Including the report code (04), the full fourteen characters would read:<br/>04092017012018</p> |
| <b>Report Sequence</b>   | Ascending Patient Identifier; within Patient Identifier, ascending Separation Date.  |
| <b>Fields Reported</b>   | <p>PERIOD OF REPORT [in the title]<br/>SEPARATION DATE<br/>PATIENT IDENTIFIER (labeled UR Number)<br/>SEX<br/>DATE OF BIRTH<br/>CARE TYPE<br/>UNIQUE KEY</p> <p>NUMBER OF RECORDS WITH CARE TYPE P, 6 OR 9 IN THE PERIOD [footnote]<br/>NUMBER OF OUTSTANDING SUB-ACUTE RECORDS FOR THE PERIOD [footnote]<br/>PERCENTAGE OF SUB-ACUTE RECORDS COMPLETED [footnote]</p>   |

## In the Home Report

|  |   |                                 |                               |  |  |                 |                        |                |                             |                           |                         |                      |            |            |  |           |  |
|--|---|---------------------------------|-------------------------------|--|--|-----------------|------------------------|----------------|-----------------------------|---------------------------|-------------------------|----------------------|------------|------------|--|-----------|--|
| <b>Report Code</b>                     | 05  |                                 |                               |  |  |                 |                        |                |                             |                           |                         |                      |            |            |  |           |  |
| <b>Purpose</b>                         | <p>To identify episodes which have a component of care being delivered In the Home (Accommodation Type 4 In the Home (Hospital – HITH)).</p> <p>Order this report to compare In The Home (ITH) separations and days in the control report with in-house lists, and to identify any records causing discrepancies.</p>   |                                 |                               |  |  |                 |                        |                |                             |                           |                         |                      |            |            |  |           |  |
| <b>Suggested Action</b>                | Amended Accommodation Types if required and re-submitted the E5s.   |                                 |                               |  |  |                 |                        |                |                             |                           |                         |                      |            |            |  |           |  |
| <b>Report Contents</b>                 | Episodes with a Separation Date, or an Admission Date without a Separation Date, within the specified date range, for which the Accommodation Type 4 In the Home (Hospital – HITH) is recorded for all or part of the episode.  |                                 |                               |  |  |                 |                        |                |                             |                           |                         |                      |            |            |  |           |  |
| <b>Period Covered</b>                  | <p>Defined by the report parameters. Can cover any period in the VAED processing database (that is, until the file has been closed on final consolidation for the financial year).</p> <p>For example, at 30 July 2017, the report could cover any period from</p> <p style="padding-left: 40px;">1 July 2016 to 30 July 2017</p> <p>At 31 October 2017, the report could cover only</p> <p style="padding-left: 40px;">1 July 2017 to 31 October 2017</p>  |                                 |                               |  |  |                 |                        |                |                             |                           |                         |                      |            |            |  |           |  |
| <b>Report Parameters</b>               | <p>MMCCYYMMCCYY</p> <p>Requires a low MMCCYY and then a high MMCCYY to indicate the desired range of separation or admission dates.</p> <p>The first MMCCYY is the first day of the first month in the period and the second MMCCYY is the last day of the last month in the period, where the full month has been submitted. Where the full month has not been submitted the report will contain data up to the period submitted.</p> <p>Thus, if the report is required from: 01/09/2017 to 31/12/2017 submit the input parameter: 092017122017</p> <p>Including the report code (05), the full fourteen characters would read:<br/>05092017122017</p>                                |                                 |                               |  |  |                 |                        |                |                             |                           |                         |                      |            |            |  |           |  |
| <b>Report Sequence</b>                 | <p>Ascending Patient Identifier; within Patient Identifier, ascending by Separation Date.</p> <p>Patients remaining in are listed after those with a Separation Date, in ascending Admission Date order.</p> <p>Total episodes containing In The Home days (separations and not separated) are totalled for the period.</p>   |                                 |                               |  |  |                 |                        |                |                             |                           |                         |                      |            |            |  |           |  |
| <b>Fields Reported</b>                 | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">PERIOD OF REPORT [in the title]</td> <td style="width: 50%;">NUMBER OF EPISODES CONTAINING</td> </tr> <tr> <td>PATIENT IDENTIFIER (labeled UR Number)</td> <td>IN THE HOME (INCL. NOT SEPS) FOR THE PERIOD [footnote]</td> </tr> <tr> <td>SEPARATION DATE</td> <td>NUMBER OF EPISODES NOT</td> </tr> <tr> <td>ADMISSION DATE</td> <td>SEPARATED AND CONTAINING IN</td> </tr> <tr> <td>TOTAL ITH DAYS IN EPISODE</td> <td>THE HOME FOR THE PERIOD</td> </tr> <tr> <td>TOTAL LOS OF EPISODE</td> <td>[footnote]</td> </tr> <tr> <td>UNIQUE KEY</td> <td></td> </tr> <tr> <td>CARE TYPE</td> <td></td> </tr> </table> | PERIOD OF REPORT [in the title] | NUMBER OF EPISODES CONTAINING | PATIENT IDENTIFIER (labeled UR Number) | IN THE HOME (INCL. NOT SEPS) FOR THE PERIOD [footnote] | SEPARATION DATE | NUMBER OF EPISODES NOT | ADMISSION DATE | SEPARATED AND CONTAINING IN | TOTAL ITH DAYS IN EPISODE | THE HOME FOR THE PERIOD | TOTAL LOS OF EPISODE | [footnote] | UNIQUE KEY |  | CARE TYPE |  |
| PERIOD OF REPORT [in the title]        | NUMBER OF EPISODES CONTAINING   |                                 |                               |  |  |                 |                        |                |                             |                           |                         |                      |            |            |  |           |  |
| PATIENT IDENTIFIER (labeled UR Number) | IN THE HOME (INCL. NOT SEPS) FOR THE PERIOD [footnote]  |                                 |                               |  |  |                 |                        |                |                             |                           |                         |                      |            |            |  |           |  |
| SEPARATION DATE                        | NUMBER OF EPISODES NOT  |                                 |                               |  |  |                 |                        |                |                             |                           |                         |                      |            |            |  |           |  |
| ADMISSION DATE                         | SEPARATED AND CONTAINING IN   |                                 |                               |  |  |                 |                        |                |                             |                           |                         |                      |            |            |  |           |  |
| TOTAL ITH DAYS IN EPISODE              | THE HOME FOR THE PERIOD   |                                 |                               |  |  |                 |                        |                |                             |                           |                         |                      |            |            |  |           |  |
| TOTAL LOS OF EPISODE                   | [footnote]  |                                 |                               |  |  |                 |                        |                |                             |                           |                         |                      |            |            |  |           |  |
| UNIQUE KEY                             |   |                                 |                               |  |  |                 |                        |                |                             |                           |                         |                      |            |            |  |           |  |
| CARE TYPE                              |   |                                 |                               |  |  |                 |                        |                |                             |                           |                         |                      |            |            |  |           |  |

## Palliative Outstanding Report

|                          |  |
|--------------------------|--|
| <b>Report Code</b>       | 06   |
| <b>Purpose</b>           | <p>To identify episodes with Care Types 8 Palliative Care Program and MC Maintenance Care without a Palliative Record (P5).</p> <p>Order this report if the Palliative Separations and Outstanding Palliative Records for the Period section of the Control Report shows there are P5 records outstanding but you cannot identify which records they are.</p>  |
| <b>Suggested Action</b>  | Submit the missing P5 records or, if the Care Type was wrong, amend and re-submit the E5.  |
| <b>Report Contents</b>   | Episodes with Care Type 8 and MC with a separation date within the specified date range, for which no P5 record is held in the VAED processing database.   |
| <b>Period Covered</b>    | <p>Defined by the report parameters. Can cover any period in the VAED processing database (that is, until the file has been closed on final consolidation for the financial year).</p> <p>For example, at 30 July 2017, the report could cover any period from</p> <p style="padding-left: 40px;">1 July 2016 to 30 July 2017.</p> <p>At 31 October 2017, the report could cover only</p> <p style="padding-left: 40px;">1 July 2017 to 31 October 2017.</p>   |
| <b>Report Parameters</b> | <p>MMCCYYMMCCYY</p> <p>Requires a low MMCCYY and then a high MMCCYY to indicate the desired range of separation dates.</p> <p>The first MMCCYY is the first day of the first month in the period and the second MMCCYY is the last day of the last month in the period, where the full month has been submitted. Where the full month has not been submitted the report will contain data up to the period submitted.</p> <p>Thus, if the report is required from 01/09/2017 to 31/01/2018 submit the input parameter: 092017012018</p> <p>Including the report code (06), the full fourteen characters would read:<br/>06092017012018</p> |
| <b>Report Sequence</b>   | Ascending Patient Identifier; within Patient Identifier, ascending Separation Date.  |
| <b>Fields Reported</b>   | <p>PERIOD OF REPORT [in the title]<br/>SEPARATION DATE<br/>PATIENT IDENTIFIER (labelled UR Number)<br/>SEX<br/>DATE OF BIRTH<br/>CARE TYPE<br/>UNIQUE KEY<br/>NUMBER OF RECORDS WITH CARE TYPE 8 OR MC IN THE PERIOD [footnote]<br/>NUMBER OF OUTSTANDING PALLIATIVE RECORDS FOR THE PERIOD [footnote]<br/>PERCENTAGE OF PALLIATIVE RECORDS COMPLETED [footnote]</p>   |

## Hospital Activity and WIES Report

|   |   |
|---|---|
| <b>Report Code</b>                        | 13  |
| <b>Purpose</b>                            | <p>To allow hospital management to reconcile their activity against data held in the VAED processing database.</p> <p>Note that Transmission Control and Reconciliation Reports automatically include a Hospital Activity and WIES Report when the Header Record End Date is the last day of the month. This report only needs to be requested if a Hospital Activity and WIES Report is needed in a non end of month submission, or when the Hospital Activity and WIES Report is needed for the previous financial year (that is, until the prior financial year file has been closed). See Section 7: Hospital Activity and WIES Report.</p> |
| <b>Suggested Actions</b>                  | Corrective action as suggested by reconciliation results.   |
| <b>Report Contents</b>                    | Episodes with a separation date less than or equal to the month requested, and in the financial year of the month requested.  |
| <b>Period Covered</b>                     | <p>Defined by the report parameters. Can cover any period in the VAED processing database (that is, until the file has been closed on final consolidation for the financial year).</p> <p>For example, at 30 July 2017, the report could cover any period from</p> <p style="padding-left: 40px;">1 July 2016 to 30 July 2017</p> <p>At 31 October 2017, the report could cover only</p> <p style="padding-left: 40px;">1 July 2017 to 31 October 2017</p>  |
| <b>Report Parameters</b>                  | <p>DDMMCCYY</p> <p>Requires a valid date in the month of the last month to be reported.</p> <p>Thus, if the report is required for: the full 2016-2017 financial year input parameter: 30062017---[last four characters blank]</p> <p>Including the report code (13), the full fourteen characters would read: 1330062017---- [last four characters blank].</p>   |
| <b>Summary of data included in report</b> | <p>Separations by care type</p> <p>Patient days by care type</p> <p>WIES fundable separations</p> <p>Non-WIES fundable separations</p> <p>National Bowel Cancer Screening separations</p> <p>Further details available on the HDSS website</p>  |