

Section 7 – Control reports

Victorian Admitted Episodes Dataset (VAED) manual
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Introduction

This section provides a description of Transmitted Transactions Reports (Control Reports) produced following processing of a VAED submission file. Format of reports is as at 1 July 2018 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 page 49 for further information regarding uploading a submission file and collecting reports.

Note: You must download the report to your local PC before opening it.

It is advisable to 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

0-99, 100-199, 200-299, 300-399, 400-499, 500-599, 600-699, 700-799	
Validation number	Short description of validation. For full details refer to 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	Sex 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)
sla	Statistical Local Area (derived item)
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 of 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 (no longer 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	Re-calculated VIC-DRG (derived item) Only applicable for an update E5 if there is an existing X5 record
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)
mhsmpi	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
prog_id	Program Identifier

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

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)

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 (no longer reported from 1/7/2014)
barthel_sep	Spaces (no longer 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	Sex 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
diag_cd_01-40	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	VAED processor generated VIC-DRG
wies_value	WIES value
proc_id	Proceduralist ID

Other reports tab

Transmitted Transaction Report

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

Transaction count	
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
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 01072015)
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	
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 (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 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

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.

Summary of User Reconciliation Report, Page 2

User Reconciliation for Month MM/CCYY				
Broad Account Classes as in Trailer Record appropriate to sector (public/private) (refer to Section 5 for further details)	<u>Trailer Record Totals</u> (as reported in Trailer Records 1 (T5)(MTD Figures) and 2 (U5)(YTD and Total for YTD figure))		<u>VAED Calculated Totals</u> (calculated from total VAED processing database after processing of this submission)	
MONTH TO DATE	MTD PAT DAYS Month-to-date patient days	MTD SEPNS Month-to-date separations	MTD PAT DAYS Month-to-date patient days	MTD SEPNS Month-to-date separations
YEAR TO DATE	YTD PAT DAYS Year-to-date patient days*	YTD SEPNS Year-to-date separations	YTD PAT DAYS Year-to-date patient days*	YTD SEPNS Year-to-date separations
TOTAL FOR YTD	TOT PAT DAYS FOR YTD SEPNS Total patient days*	YTD SEPNS Total separations	TOT PAT DAYS FOR YTD SEPNS Total patient days*	YTD SEPNS Total separations

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.
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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	<p>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:</p> <p>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;</p> <p>An episode entirely comprised of Unqualified Days is reported as an ‘Unqualified Episode’ only;</p> <p>Days during which the babe is a Qualified Newborn are reported as ‘Patient Days’ under the relevant Account Class groups;</p> <p>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.</p>
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	
sep_dt	Separation date
ur_nbr	Hospital generated Patient Identifier
sex	Sex 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
- 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	<p>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:</p> <ul style="list-style-type: none">• SEPARATION DATE• UR NUMBER• SEX• DATE OF BIRTH• CARE TYPE• UNIQUE KEY
Action	<p>Public hospitals, monitor regularly.</p> <p>Submit the missing J5 Extra Episode Records or, if the Care Type was wrong, amend and re-submit the E5.</p> <p>The Extra Episode Outstanding Report is produced after processing of this submission is completed, so entries will:</p> <ul style="list-style-type: none">• 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	<p>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.</p> <p>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:</p> <ul style="list-style-type: none">• SEPARATION DATE• UR NUMBER• SEX• 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
 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	<p>Tabulation of:</p> <p>DISCHARGES (Separations, both formal and statistical)</p> <p>DIAGNOSIS OUTSTANDING</p> <p>PERCENTAGE [of diagnoses] COMPLETED</p> <p>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).</p> <p>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.</p>
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	<p>Percentage of Separations that have a Diagnosis Record accepted in that month and calendar year.</p> <p>This report is compiled after processing records in this submission. Rejected records are not included in these totals:</p> <ul style="list-style-type: none">• 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	<p>Tabulation of:</p> <p>SEPS (Separations, formal and statistical)</p> <p>EXTRA EPISODE OUTSTANDING</p> <p>PERCENTAGE EXTRA EPISODE COMPLETED</p> <p>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).</p> <p>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.</p>
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 U
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	<p>Percentage of separations requiring an Extra Episode Report that have a J5 Extra Episode Record in that month and calendar year.</p> <p>This report is compiled after processing records in this submission. Rejected records are not included in these totals:</p> <ul style="list-style-type: none">• 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: <ul style="list-style-type: none">• 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.

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	Sex of patient
date_of_birth	Date of birth
care_type	Care type
acct_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	<p>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:</p> <p>UNIQUE KEY UR NUMBER ADMISSION DATE SEX 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</p>
Action	<p>Use the Census Report to check each patient listed against the hospital's census for the given date:</p> <ul style="list-style-type: none">• 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 in this Census Report who had actually been 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.

WIES report tab

Hospital activity and WIES report

Details of report available on the HDSS website

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	<p>Tabulation of:</p> <p>ITH SEPS (Separations that included one or more ITH Days)</p> <p>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).</p>

Action	<p>Monitor regularly by comparing these figures with figures from the hospitals in-house system or other record.</p> <p>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).</p>
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	<p>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.</p> <p>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</p> <p>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.</p>

WorkCover Admitted Patient VIC-DRG Statement

Public hospitals only: WorkCover statements are produced electronically as a separate text file and moved into the \pickup folder along with VAED control reports.

Note: Download the WorkCover statements file and print statements locally.

Format of WorkCover statements file name: aeZ9820170112171522_prs2_rcsa.data.WC.erp

Purpose	<p>To provide the hospital with additional VIC-DRG related information to accompany the invoice for any VWA patient:</p> <ul style="list-style-type: none">• Indicated by Account Class on Separation being WC Victorian WorkCover Authority (VWA), AND• If Care Type is 4 Other care (Acute) including Qualified newborn AND• Contract Role is not B Hospital B (service provider hospital).
Timing	<p>Triggered by submission or re-submission of any E5 Episode Record or X5/Y5 Diagnosis Record.</p>
Description	<p>Statements are generated for each episode identified as above once the diagnosis record has been accepted . The reports contain the following data items:</p> <p>Patient UR No. Date of birth Date of admission Separation date Length of stay HITH LOS Days Inlier/outlier status WIES co-payments: ATSI Mechanical ventilation Thalassaemia AAA Stent ASD Bilateral cochlear implant Total WIES VIC DRG weight VIC-DRG Base Fee VIC-DRG No.</p> <ul style="list-style-type: none">• Desc (description, being the title of the DRG)• ICD-10-AM Diagnosis Codes and Descriptions• ICD-10-AM/ACHI Procedure Codes and Descriptions <p>Separation Mode code</p> <ul style="list-style-type: none">• Description (of Separation Mode value) <p>Acute Admitted Patient Fee</p>

Full report tab

Report header – identifies the hospital that submitted the data

file: aeZ9920180731154640_prs2_rcsa.data
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: 01/08/2018 10:10:14
report_created_dt: 01/08/2018 10:15:31
submission_recvd_dt: 31/07/2018 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 the 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