Section 4 – Business rules

Victorian Admitted Episodes Dataset (VAED) manual

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Introduction

This section provides consolidated information about topics that involve two or more data items.

Business Rules (non-tabular)

Contracted Care

Guide for use

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

Usually where two public hospitals enter into a contract, the contracting hospital must admit and provide care or treatment for the patient as part of the overall service provided (Contract Types ABA, AB and BA)

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

Identification of Contracted Episodes of Care
Reporting 1 Contract in the Funding Arrangement field identifies episodes involving contracted care. The following fields are then reported:

- The contract type is reported in the Contract Type field.
- The hospital role (contracting or contracted) is reported in the Contract Role field.
- The nature of the contract involving an external purchaser, or the other hospital involved in a contracted care or hub and spoke arrangement, is reported in the Contract/Spoke Identifier field.

Identification of Procedures Performed under Contract
The contracting (purchasing) hospital is termed Hospital A.

The contracted (service provider) hospital is termed Hospital B.

Procedures performed at another hospital under contract to this hospital are recorded by both hospitals. Hospital A reports a flag in the eighth character of the (ACHI) codes relating to procedures performed under contract by Hospital B:

- Character F on procedures performed by Hospital B on an admitted basis.
- Character N on procedures performed by Hospital B on a non-admitted basis.

Coding contracted care episodes
Allocation of Diagnosis and Procedure Codes is not affected by the contract status of an episode. The Australian Coding Standards, including the Victorian Additions to the Australian Coding Standards, should be applied when coding all episodes.

Contract Leave
Contract leave is a period spent as an admitted patient at a contracted (service provider) hospital, during an episode where the patient is also admitted to the contracting (purchasing) hospital.
Contract leave days are reported only by the contracting (purchasing) hospital, treated as patient days and included in the length of stay at that hospital. Refer Section 3 Contract Leave Days fields: Month-to-date, Financial Year-to-date, Total.

Types of Contracted Hospital Care

Six contract types are identified by the sequence of alpha characters, representing the movement of the patient between the contracting and contracted hospitals.

1 Contract Type B

A health authority/other external purchaser contracts **B** (hospital) for admitted service.
Includes:
DHHS: HIV AIDS
Hospitals that believe they have a similar contract should contact DHHS to discuss reporting arrangements.

2 Contract Type ABA

Patient admitted by Hospital **A**.
Hospital A contracts Hospital **B** for admitted or non-admitted patient service.
Patient returns to Hospital **A** on completion of service by Hospital B.

3 Contract Type AB

Patient admitted by Hospital **A**.
Hospital A contracts Hospital **B** for admitted or non-admitted patient service.
Patient does not return to Hospital A on completion of service by Hospital B.

4 Contract Type (A)B

Patient not present in the Contracting Hospital (**A**) at any time during the episode.
Hospital A contracts Hospital **B** for the whole admitted patient service.
An (A)B contract type cannot occur between two public hospitals unless approved by the department.

5 Contract Type BA

Hospital A contracts Hospital **B** for an admitted patient service following which the patient moves to Hospital **A** for the remainder of the episode of care.

6 Contract Type A(B)

Hospital A contracts Hospital B for the whole admitted patient service.
Hospital B provides the service at Hospital **A.**
Patient not present in the Contracted Hospital (**B**) at any time during the episode.
An A(B) contract type cannot occur between two public hospitals unless approved by the department.

Reporting contracted care to the VAED

The contracting (purchasing) hospital is termed Hospital **A**.
The contracted (service provider) hospital is termed Hospital **B**.
Brackets indicate the patient is not present in the hospital.

Responsibility for exchange of information:

The contracting (purchasing) hospital (Hospital **A**) is responsible for ensuring that the contracted (service provider) hospital/facility (Hospital **B**/facility) provides adequate information for inclusion in the patient's record at Hospital **A** to:
(i) enable ongoing patient care at Hospital **A** and
(ii) support the diagnosis and procedure codes reported to the VAED by Hospital **A**.
These six types of contracted hospital care should be recorded in the following ways:

1 Contract Type B

B reports:

- Funding Arrangement code 1 Contract
- Contract Type code 1 Contract Type B
- Contract Role code B hospital B
- Contract/Spoke Identifier

2 Contract Type ABA

A reports:

- Admission Date
- Funding Arrangement code 1 Contract
- Contract Type code 2 Contract Type ABA
- Contract Role code A hospital A
- Contract/Spoke Identifier (Campus code) of hospital B
- Contracted Leave Days: report difference between date patient leaves A for treatment by B and date patient returns to A.
- Diagnosis and Procedure Codes: include any additional diagnoses identified by B, and procedures provided by B (with relevant contract procedure flag F or N)
- Separation Date: being date patient left A after returning from B

If admitted by B, B reports:

- Admission Date, being date of admission to B
- Funding Arrangement code 1 Contract
- Contract Type code 2 Contract Type ABA
- Contract Role code B Hospital B
- Contract/Spoke Identifier (Campus code) of hospital A
- Admission Source code T: requires Transfer Source code
- Transfer Source: (Campus code) of hospital A
- Diagnosis and Procedure Codes: only relating to care provided by B
- Separation Date: actual date separated from B
- Separation Mode code T: requires Transfer Destination code
- Transfer Destination: (Campus code) of hospital A

3 Contract Type AB

A reports: (irrespective of the original intention for the patient to return or not):

- Admission Date
- Funding Arrangement code 1 Contract
- Contract Type code 3 Contract Type AB
- Contract Role code A hospital A
- Contract/Spoke Identifier (Campus code) of hospital B
- Contracted Leave Days: report difference between date patient leaves A for treatment by B and date patient separated from B
- Diagnosis and Procedure Codes: include any additional diagnoses identified by B, and procedures provided by B (with relevant contract procedure flag F or N)
- Separation Date: report actual date patient separated from B if admitted by B, or date separated from A if not admitted by B

If admitted by B, B reports:

- Admission Date, being date of admission to hospital B
- Funding Arrangement code 1 Contract
- Contract Type code 3 Contract Type AB
- Contract Role code B Hospital B
- Contract/Spoke Identifier (Campus code) of Hospital A
- Admission Source code T: requires Transfer Source code
- Transfer Source: (Campus code) of hospital A
- Diagnosis and Procedure Codes: only relating to care provided by B
- Separation Date: actual date separated from B

4 Contract Type (A)B

A reports:

- Admission Date: actual date admitted by B
- Funding Arrangement code 1 Contract
- Contract Type code 4 Contract Type (A)B
- Contract Role code A Hospital A
- Contract/Spoke Identifier (Campus code) of hospital B
- Diagnosis and Procedure Codes from information provided by B (with relevant contract procedure flag F or N)
- Separation Date: actual date patient separated from B

B reports:

- Admission Date
- Funding Arrangement code 1 Contract
- Contract Type code 4 Contract Type (A)B
- Contract Role code B Hospital B
- Contract/Spoke Identifier (Campus code) of Hospital A
- Diagnosis and Procedure Codes: only relating to care provided by B
- Separation Date

5 Contract Type BA

A reports:

- Admission Date: actual date admitted to B
- Funding Arrangement code 1 Contract
- Contract Type code 5 Contract Type BA
- Contract Role code A Hospital A
- Contract Identifier (Campus code) of Hospital B
- Admission Source code T: requires Transfer Source code
- Transfer Source: Contracted Hospital B
- Contracted Leave Days: report difference between date patient admitted by B and date patient separated from B to go to A
- Diagnosis and Procedure Codes: include any additional diagnoses identified by B, and procedures provided by B (with relevant contract procedure flag F or N)
- Separation Date: actual date patient separated from A

If admitted by B, B reports:

- Admission Date.
- Funding Arrangement code 1 Contract
- Contract Type code 5 Contract Type BA
- Contract Role code B Hospital B
- Contract Identifier (Campus code) of Hospital A
- Diagnosis and Procedure Codes: only relating to care provided by B
- Separation Date: actual date patient separated from B
- Separation Mode code T: requires Transfer Destination code
- Transfer Destination: (Campus code) of hospital **A**

6 Contract Type A(B)

A reports:

- Admission Date
- Funding Arrangement code 1 Contract
- Contract Type code 6 Contract Type A(B)
- Contract Role code A Hospital A
- Contract Identifier (Campus code) of Hospital B
- Separation Date

B is not required to record any information about this episode

Episode of Care

Guide for use

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

An Episode of Care refers to a phase of treatment and is designed to reflect the changing diagnosis and/or treatment of the patient. The Episode of Care ends when the Care Type changes or the patient physically leaves the hospital.

There are some exceptions to rules inherent in the above definition:

- (Compulsory for public hospitals) A newborn changing Qualification Status during an Episode of Care may also require a change in Care Type. If a newborn initially receiving Unqualified Newborn Care changes Qualification Status, their Care Type for the entire episode is reported as Acute Care, but the changes of Qualification Status are recorded in the Status Segments of this single Episode Record.
- A patient cannot have two changes of Care Type on the one day (that is, start the day as one Care Type, become another Care Type, and then revert to the original Care Type or change to a third Care Type). Business rules prevent such a sequence: to accept it would result in a single day being double-counted as a patient day (once in the same day episode and once as the admission day of the following episode). Only the patient's Care Type 'as of midnight' should be reported.
- Similarly, a patient may not change Care Type on the date of formal admission or separation because this results in a single day being double-counted as a patient day. For example, if a patient is admitted as Care Type 4 and then changes to Care Type 5x on the same day, only Care Type 5x is reported to the VAED.
- If a multi-day patient is transferred to another campus for treatment and returns on the same day to continue their current treatment, the same-day attendance at the second campus should be recorded on the patient's record only. The patient is not separated from this campus.

Refer to:

Section 2: Acute Care, Admitted Patient, Episode of Admitted Patient Care, Geriatric Evaluation and Management, Newborn, Nursing Home Type/Non-Acute, Palliative Care, Rehabilitation, and Separation.

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

Section 4: Leave, Newborn Reporting, Transfer Reporting

Hub and Spoke

Guide for use Reporting guidelines depend on whether the episode is same day or multi-day.

Same-day episodes

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

Hub hospital records:

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

Spoke hospital/site records: Nil.

Multi-day episodes

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

Hub hospital records:

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

Spoke hospital records:

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

Refer to:

Section 2: Hub and Spoke.

Section 3: Contract/Spoke Identifier and Funding Arrangement

Section 4: Funding Arrangement and Contract fields

Leave

Guide for use

Contract Leave

Contract leave days are:

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

Patients commencing a period of contract leave are not separated from hospital A.

Leave With Permission

Leave with permissions days are not treated as patient days and are excluded from the length of stay.

Examples where leave should be recorded are:

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

Examples where leave should not be recorded:

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

Failure to return from leave within seven days

A patient failing to return from leave within seven days:

- Should be formally separated, effective from the date of leaving the hospital

If the patient later returns to the hospital:

- A new episode is started

Absence starting and ending on the same date

A period of absence starting and ending on the same date is not counted as leave with permission but the patient must be recorded as absent in his/her medical record. The patient may be recorded as absent in the hospital's computer system; however, the system must not report a day's leave to VAED nor deduct a patient day in other reporting.

Newborns

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

Without Permission

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

Refer to:

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

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

Length of Stay

Guide for use

Calculating Length of Stay (LOS):

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

Example		
1/7/2018	Admission Date	1 patient day
2/7/2018	Start leave	1 leave day
3/7/2018	Return from leave	1 patient day
4/7/2018	Separation Date	0
LOS = Separation Date minus Admission Date minus leave day = 2		

Guidelines for counting Contract Leave Days and Leave Days

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

Refer to:

Section 2: Leave - Contract, Leave with Permission, Leave without Permission, Length of Stay, Overnight or Multi-Day Stay patient, and Same Day Patient.

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

Medi-hotel Reporting

Guide for use

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

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

Exclusions:

- The use of Medi-hotel must be recorded as leave in the following circumstances:
  - Where the patient receives two or more consecutive days of non-admitted services (not a substitute for traditional admitted care), with an intervening night in the Medi-hotel, and the patient receives admitted patient care both directly before and after this period.
  - Where the patient receives no care for two to seven consecutive days, with an intervening night(s) in the Medi-hotel, and the patient receives admitted patient care both directly before and after this period.
- The use of Medi-hotel must not be recorded as part of an admitted episode in the following circumstances:
  - Where the patient is receiving only non-admitted services on the first day(s), or no services (for example, a night in Medi-hotel to facilitate a 07:00 Admission Time), the patient must be admitted on the day they first received admitted services.
  - Where the patient is receiving only non-admitted services on the last day(s), the patient must be separated at the time they left the admitted services area (to go to the Medi-hotel).

Hospitals, for their own purposes, may wish to record these times in their in-house systems: if so, the hospital's interface must identify and exclude these times from submission to the VAED.

Refer to:

Section 2: Criteria for Admission, Hospital in the Home, Medi-Hotel and Patient Day.

Section 3: Accommodation Type.

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

Newborn Reporting

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

Table 1: VAED data items containing newborn information

Field	Values	Applies	Assigned
Criteria for Admission	Qualified or Unqualified	At admission	At time of admission Not changed after admission
Qualification Status	Qualified or Unqualified	To days during the episode	At each change in Qualification Status during the episode
Care Type	Acute or Unqualified	To highest level of care during the episode	At admission If Qualification Status changes from Unqualified to Qualified the Care Type is changed from Unqualified to Acute

Newborns may be:

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

Regardless of whether it is the birth episode, Newborns:

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

Private hospitals

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

Status segments

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

Examples of changes to newborn's Qualification Status are recorded in tables 2 and 3.

Table 2: Recording changes of newborn Qualification Status – singleton

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

Table 3: Recording changes of newborn Qualification Status – multiple birth (transferred to HITH)

Twin 1 - Event	Date	Hospital's data records:
Birth of first live born of twins. Baby needs Special Care Nursery.	1 Oct	Admission details for newborn. Status Segment Qualified
Baby improves; transferred to HITH	9 Oct	New Status Segment Unqualified, Accommodation Type 4
Baby separated	12 Oct	Separation details for baby

Twin 2 - Event	Date	Hospital's data records:
Birth of second live born of twins	1 Oct	Admission details for newborn Status Segment Qualified
Baby transferred to HITH Mother separated	4 Oct	New Status Segment Accommodation Type 4 No change to Qualification status Separation details for mother
Baby separated	8 Oct	Separation details for baby

Table 4: Birth Episode

The Newborn	Criterion for Admission	Qualification Status	Care Type	Account Class	Acc Class on Sep'n
Qualified at admission, remained so for entire episode	N Qualified Newborn	Starts as N Qualified, remains so for entire episode	4 Other Care (Acute) including Qualified newborn	Expected to be same as mother	Expected to be same as mother
Unqualified at admission, remained so for entire episode	U Unqualified Newborn	Starts as U Unqualified, remains so for entire episode	U Unqualified newborn	Expected to be same as mother	Expected to be same as mother
Qualified at admission but later ceased to be qualified	N Qualified Newborn	Starts as N Qualified but has some days as U Unqualified	4 Other Care (Acute) including Qualified newborn	Expected to be same as mother	Expected to be same as mother
Unqualified at admission but later became qualified	U Unqualified Newborn	Starts as U Unqualified but has some days as N Qualified	U Unqualified newborn but later must be amended to 4 Other Care (Acute) including Qualified newborn	Expected to be same as mother	Expected to be same as mother
Unqualified at admission, later admitted to SCN for several hours and returns to mother's bedside on same day	U Unqualified Newborn	Starts as U Unqualified, remains so for entire episode since Qualification Status is reported 'as of midnight'	U Unqualified newborn but later must be amended to 4 Other Care (Acute) including Qualified newborn	Expected to be same as mother	Expected to be same as mother

Table 5: Not Birth Episode

The Newborn	Criterion for Admission	Qualification Status	Care Type	Account Class	Acc Class on Sep
Qualified at admission, remained so for entire episode	N *Qualified Newborn*	Starts as N *Qualified*, remains so for entire episode	4 *Other Care (Acute) including Qualified newborn*	As appropriate (probably same as mother)	As appropriate at separation
Accompanying mother & Unqualified at admission, remained so for entire episode	U *Unqualified Newborn*	Starts as U *Unqualified*, remains so for entire episode	U *Unqualified newborn*	NT	NT
Qualified at admission but later ceased to be qualified	N *Qualified Newborn*	Starts as N *Qualified* but has some days as U *Unqualified*	4 *Other Care (Acute) including Qualified newborn*	As appropriate (probably same as mother)	As appropriate at separation
Accompanying mother & Unqualified at admission but later became qualified	U *Unqualified Newborn*	Starts as U *Unqualified* but has some days as N *Qualified*	U *Unqualified newborn* but later must be amended to 4 *Other Care (Acute) including Qualified newborn*	NT for original Unqualified days. As appropriate (probably same as mother) for Qualified days. Continue this Account Class for any subsequent Unqualified days.	As appropriate for Qualified days. **Do not report as NT on separation.**

Palliative Care Reporting

Guide for use

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

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

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

For all episodes reported with Care Type 8

These three data items must be reported:

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

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

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

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

Only one change of Phase of Care can be reported per day. Where more than one change of Phase of Care occurs on a single day, only the patient's last change during that day (Phase of Care 'as of midnight'), should be reported to PRS/2 for that day.

For episodes with more than 10 changes of Phase of Care

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

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

Refer to:

Section 2: Episode of Admitted Patient Care.

Section 3: Care Type

Section 5: Palliative Record.

Reporting History of Code Changes

Guide for use

Account Class, Accommodation Type and Qualification Status (newborn)

The Account Class, Accommodation Type and Qualification Status of a patient are reported 'as of midnight'. A history of changes is reported in the Status Segments of the Episode (E5) record. If more than one change occurs within the same day, do not report the first change; only report the patient's status as of midnight each day. This is because bed days are reported for each status segment, therefore if there is more than one status segment reported for activity within the same day, bed day calculations will be incorrect.

Examples:

A patient is admitted to a private ward for three days and is then moved to a shared ward for two days. Report three days Accommodation Type 2 in the first Status Segment, and two days for Accommodation Type 1 in the second Status Segment.

A patient is admitted as Account Class PE *Medical 1* but is changed to Account Class PC *Surgery* on the same day where the patient remains until separation. Report only one Status Segment with Account Class PC.

A patient is admitted to Same Day accommodation at 9.00am and moved on the same day to a Shared Ward at 10.45pm. Report only Accommodation Type 1 *Overnight Accommodation: Shared room*.

Refer to:

Section 2: Length of Stay

Section 4: Length of Stay.

How to Count Patient Days

It is not possible for a Status Segment to have zero Patient Days, therefore:

- If, on the one day, a patient's details change, then change again, the first change should not be reported to VAED
- If, on the one day, a patient's details change then the patient is separated (formally or statistically), the change should not be reported to VAED; the separation should be reported
- If, on the one day, a patient is admitted then their details change, the original details should not be reported to VAED.

Refer to:

Section 2: Length of Stay

Section 4: Length of Stay.

When to create a Status Segment

The first Status Segment must be created, recording the details at admission (formal or statistical).

If later there is a change to Account Class, Accommodation Type or Qualification Status, a new Status Segment is created. A move to or from Accommodation Type 4 *In the Home (Hospital – HITH)* is reported as a new Status Segment, not a new Episode Record.

A Status Segment should only be created if it is needed; surplus Status Segments should be left blank, not zero-filled.

Care Type

Changes to Care Type must result in a new episode record being created, rather than a new Status Segment. The only exception to this rule is when newborns change from Unqualified to Qualified; the Care Type for the episode is changed from U Unqualified to 4 Acute.

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

Refer to:
Section 4: Episode of Care
Section 5: Episode Record

Transfer Reporting

Guide for use

Reporting requirements are listed below:

Transfer between hospital campuses

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

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

Transferring admitted patients to a second hospital campus

Separation Mode: T *Separation and transfer to other acute hospital / extended care / rehabilitation / geriatric centre*

Transfer Destination: Report appropriate hospital campus code.

Receiving patients from another hospital campus

Admission Source: T *Transfer from acute hospital / extended care / rehabilitation / geriatric centre*

Transfer Source: Report appropriate hospital campus code.

Refer to:

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

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

Business Rules (tabular)

Account Class and Medicare Suffix

Valid reporting combinations for each Medicare Suffix

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

Validation 094 Invalid Combination A/C Med Suff

Account Class: Newborn, Unqualified, Not Birth Episode

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

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

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

Validation 455 Inconsis Newborn Transferred/Unqual Data

Admission Source and Admission Type

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

Validation 056 Incompatible Adm Type/Source

Admission Source and Age

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

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

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

Validation 479 Incompatible Adm Source/Age

Admission Source and Care Type

Below are valid combinations of Admission Source and Care Type. Only fields that cannot contain the full code set are listed.

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

Validation 488 Incompat Care Type/Adm Source Statistical

Admission Source and Criterion for Admission

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

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

Validation 482 Incompatible Adm Source/Crit for Adm

Admission Source and Qualification Status

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

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

Validation 483 Incompatible Adm Source/Qual Stat

Admission Type and Age

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

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

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

Validation 057 Incompat Adm Type/Age

Admission Type and Criterion for Admission

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

Validation 484 Incompatible Adm Type/Crit for Adm

Admission Type and Qualification Status

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

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

Validation 485 Incompatible Adm Type/Qual Stat

Age and Criterion for Admission

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

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

Validation 486 Incompatible Age/Crit for Adm

Age, Qualification Status and Care Type

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

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

Validation		
	260	Invalid Care for Qual
	262	Invalid Care Type for Newborn
	487	Incompatible Age/Qual Stat/Care Type

Care Type and Criterion for Admission

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

If Care Type is		then Criterion for Admission must be
10	Posthumous Organ Procurement	K
1	NHT/Non-Acute	O, B, E, X, C
P	Designated Paediatric Rehabilitation Program/Unit	O, B, E, X, C
6	Designated Rehabilitation Program/Unit: Level 2	O, B, E, X, C
8	Palliative Care Program	O, B, E, X, C
5x	Mental Health Service	O, B, E, X, C
9	Geriatric Evaluation and Management	O, B, E, X, C
MC	Maintenance Care	O, B, E, X, C
0	Alcohol and Drug Program	O, B, E, X, C
4	Other Care (Acute) including Qualified newborn	N, U, O, B, E, X, C, S
U	Unqualified newborn	U
If Criterion for Admission is		**then Care Type must be**
K	Posthumous Organ Procurement	10
N	Qualified newborn	4
U	Unqualified newborn	4, U
O	Patient expected to require hospitalisation for minimum of one night	1, P, 6, 8, 5x, 9, MC, 0, 4
B	Day-Only Automatically Admitted Procedures	1, P, 6, 8, 5x, 9, MC, 0, 4
E	Day-only Extended Medical Treatment	1, P, 6, 8, 5x, 9, MC, 0, 4
X	ED Short Stay Unit	1, P, 6, 8, 5x, 9, MC, 0, 4
C	Day-only Not Automatically Qualified Procedures	1, P, 6, 8, 5x, 9, MC, 0, 4
S	Secondary Family Member (Early Parenting Centres only)	4

Validation 667 Incompat Care Type/Crit for Adm

Care Type: Designated Rehabilitation Program (6) and Designated Paediatric Rehabilitation Program (P)

If Care Type is 6 Designated Rehabilitation Program/Unit or P *Designated Paediatric Rehabilitation Program/Unit* then the following fields must contain the codes shown below. Only fields that cannot contain the full code set are listed.

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

Validation		
	253	Rehab: Invalid Impairment
	255	Rehab Invalid Onset Date
	258	Sub-Acute: No Sub-Acute Record
	662	Adm FIM™/Functional Assessment Date / Care Type mismatch
	663	Sep FIM™ /Functional Assessment Date / Care Type mismatch
	669	Care Plan Documented Date reported > 7 days after Adm Date
	670	Care Type Sub-acute, Separated, Care Plan Doc Date is null
	671	Care Plan Documented Date < Adm Date or > Sep Date
	672	Invalid Care Plan Documented Date

Care Type: Geriatric Evaluation and Management (9)

If Care Type is *9 Geriatric Evaluation and Management Program* then the following fields must contain the codes shown below. Only fields that cannot contain the full code set are listed.

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

Validation	258	Sub-Acute: No Sub-Acute Record
	293	Impairment Present
	294	Onset Date Present
	662	Adm FIMTM/Functional Assessment Date / Care Type mismatch
	663	Sep FIMTM /Functional Assessment Date / Care Type mismatch

Care Type and Separation Mode

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

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

Validation	489	Incompat Care Type/Sep Mode Statistical
	696	Posthumous Organ Proc: Care Type/Sep Mode mismatch

Care Type, Carer Availability and Separation Mode

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

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

Validation	390	Incompat Care Type, Carer Avail and Sep Mode

Care Type: Organ Procurement – Posthumous (10)

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

Field	Valid codes
E5 Episode Record	
Care Type	10
Admission Time	Must be after certified time of death
Admission Source	K
Admission Type	K
Qualification Status	X
Separation Mode	G
Separation Referral	Spaces
Criterion for Admission	K
Funding Arrangement	Space
Intention to Re-admit	0
Account Class	KK
Medicare Suffix	N-E
ACAS Status	Spaces
Accommodation Type	1 or 2
X5 Diagnosis Record	
Admission weight	Spaces or weight in grams if aged under 1 year
Duration of MV	Spaces or hours for procurement episode only as relevant
Duration of NIV	Spaces or hours for procurement episode only as relevant
Duration of Stay in ICU	Spaces or hours for procurement episode only as relevant
Duration of Stay in CCU	Spaces or hours for procurement episode only as relevant

Validation		
Validation	094	Invalid combination A/C Med Suff
	482	Incompat Adm Source/Crit for Adm
	483	Incompat Adm Source/Qual Stat
	484	Incompat Adm Type/Crit for Adm
	485	Incompat Adm Type/Qual Stat
	490	Incompat Crit for Adm/Qual Stat
	696	Posthumous Organ Proc: Care Type/Sep Mode mismatch

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

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

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

Validation 423 Invalid Comb Fund / Contract /Transfer

Criterion for Admission and Qualification Status

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

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

Except when Qualification Status changes on the day of admission:

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

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

Validation 490 Incompatible Crit for Adm/Qual Stat

Criterion for Admission: Secondary Family Member

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

Field	Valid codes
E5 Episode Record	
Admission Type	C, O, P
Admission Source	T, H
Care Type	4
Accommodation Type	1, 2, 3, B
Separation Mode	D, Z, T, B, N, A, H
X5 Diagnosis Record	
Duration of Stay in ICU	Spaces
Duration of MV	Spaces
Duration of Stay in CCU	Spaces
Duration of NIV	Spaces

Validation 328 Early Parenting Centre – Invalid Comb

Funding Arrangement and Contract fields

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

Funding Arrangement	Contract Type	Contract Role	Contract / Spoke Identifier	Contract Leave Days MTD	Contract Leave Days YTD	Contract Leave Days TOT
Contracted Care						
1 Contract	1	B	Contract / Spoke Identifier of external purchaser/program	Spaces	Spaces	Spaces
	2, 3, 5	A	Campus code of B	Value or spaces*	Value or spaces*	Value or spaces*
		B	Campus code of A	Spaces	Spaces	Spaces
	4	A	Campus code of B	Spaces	Spaces	Spaces
		B	Campus code of A	Spaces	Spaces	Spaces
	6	A	Campus code of B	Spaces	Spaces	Spaces
Hub and Spoke						
2 Hub and spoke	Space	Space	Campus code or Contract/Spoke Identifier that denotes the Spoke hospital/site	Spaces	Spaces	Spaces
Other funding						
4 Coordinated Care Trial	Space	Space	Spaces	Spaces	Spaces	Spaces
6 Elective Surgery Access Service	Space	Space	Spaces	Spaces	Spaces	Spaces
7 Private Hospital Elective Surgery Initiative	Space	Space	Spaces	Spaces	Spaces	Spaces
8 National Bowel Cancer Screening Program	Space	Space	Spaces	Spaces	Spaces	Spaces
9 Healthlinks Program	Space	Space	Spaces	Spaces	Spaces	Spaces

* Can be spaces: if contract leave is same day, no Leave Day is counted.

Validation	410	Illegal Comb Fund Arrange & Contract
	456	Contract Leave, No Contract

Funding Arrangement: Elective Surgery Access Service

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

Field	Valid codes
E5 Episode Record	
Admission Type	P
Admission Source	T, B, N, A, H
Account Class	MP, PA, PB, PC, PD, PE, PF, PO, PP, PQ, PR, VX, WC, TA, AS, CL, OO
Qualification Status	X
Care Type	4
Criterion for Admission	O, B, E, C

Validation 491 Incompat Fields for ESAS

Funding Arrangement: Private Hospital Elective Surgery Initiative

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

Field	Valid codes
E5 Episode Record	
Admission Type	C, O, P
Admission Source	T, B, N, A, H
Account Class	MP
Qualification Status	X
Care Type	4
Criterion for Admission	O, B, E, C

Validation 626 Invalid combination for Funding Arrangement PHESI

Intention to Readmit and Separation Mode

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

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

Validation 192 Invalid Comb Int./Readmit/Sep Mode

Interpreter Required and Preferred Language

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

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

Preferred Language ASCL Codeset is available at: https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/reference-files

Validation 592 Invalid Comb Int Req/Pref Lang

Newborns: Criteria for Admission, Qualification Status, Care Type

Newborns in their birth episode should always have the following:

Admission Type: Y Birth Episode

Accommodation Type: C Nursery accommodation: NICU/SCN only or B Other nursery accommodation or mother's bedside (rooming in)

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

Criterion for Admission		Qualification Status		Care Type	
N	Qualified Newborn	N	Qualified	4	Other Care (Acute) including Qualified newborn
U	Unqualified Newborn	U	Unqualified	U	Unqualified newborn
N	Qualified Newborn	N* U	Qualified and Unqualified	4	Other Care (Acute) including Qualified newborn
U	Unqualified Newborn	U* N	Unqualified and Qualified	4	Other Care (Acute) including Qualified newborn

Except when Qualification Status changes on the day of admission:

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

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

Validation 260 Invalid Care for Qual
490 Incompat Crit for Adm/Qual Stat
667 Incompat Care Type/Crit for Adm