

# Section 5 – Compilation and submission

Victorian Admitted Episodes Dataset (VAED) manual  
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# Contents

<b>Compilation</b> .....	<b>1</b>
Transaction Record Specification and File Structure .....	2
Unique key links data records for one episode of care .....	2
Data processing .....	2
Header Record .....	3
Data Records .....	5
Episode Record .....	5
Extra Episode Record .....	11
Diagnosis Record .....	12
Extra Diagnosis Record .....	14
Subacute Record .....	16
Palliative Record .....	18
DVA and TAC Record .....	20
Trailer Records .....	22
<b>Submission</b> .....	<b>43</b>
Data submission timeline .....	43
Managed File Transfer .....	44
Submission file naming convention .....	44
System requirements .....	44
Connection information .....	44
Requesting a login .....	44
Support .....	44
Uploading a submission file .....	45
Collecting reports .....	45
<b>Data extracts</b> .....	<b>47</b>
Manipulation of data extracts .....	47
Responsibilities: Health Service .....	47
Responsibilities: Department of Health and Human Services .....	47
<b>End of financial year reporting</b> .....	<b>48</b>
Test submissions for 1 July changes .....	48



# Compilation

A VAED submission has three components:

- Header Record
- Data Records
- Trailer Records

This section specifies the reporting requirements for data items relating to the compilation of a VAED submission file. That is, all data items reported in the Header and Trailer Records, and those in the Data Records that do not relate to individual episodes of care. Refer to Section 3 of this manual which provides details of data items that relate to individual episodes of care.

## Header Record (H5)

Identifies the source of the file, the period of time the file relates to, and facilitates report requests

## Data Records

Provide data on individual admitted patient episode of care. All episodes of care require an Episode Record and Diagnosis Record to be reported:

### Episode Record (E5):

Containing demographic, admission, separation, and accounting data, specific to that episode

### Diagnosis Record with or without an Extra Diagnosis Record X5, Y5):

Containing diagnosis and procedure codes and other selected items

For public hospitals only, there are four other Data Records that may be required:

### Extra Episode Record (J5):

Additional information, specific to that episode

### Subacute Record (S5):

For patients with Care Type P or 6 Rehabilitation or 9 Geriatric Evaluation and Management

### Palliative Record (P5):

For patients with Care Type 8 Palliative Care or MC Maintenance Care

### DVA and TAC Record (V5):

For patients with Account Class V- DVA or T- TAC

## Trailer Records (T5, U5)

Provide information on the number of data records submitted and selected statistics for ready comparison between the hospital's PAS and data held in the VAED processing database at HTS.

## Complete Transmission

Each submission to VAED commences with a **Header Record** followed by **Data Records** and ends with two **Trailer Records**

## Transmitted Transactions Reports (Control Reports)

A Transmitted Transactions Report is produced following processing and validation of each VAED submission file. In the Transmitted Transactions Report, data records are listed in order of Transaction Type code (i.e. E5, J5, S5, P5, V5, X5, Y5), in the order in which the health service submitted them.

## Transaction Record Specification and File Structure

### File Structure Notes:

- All fields are data type text
- All alpha characters must be in UPPERCASE
- Fields with numeric characters are right justified and zero filled
- When not required to report a data item, report spaces

### Mandatory items

- Mandatory items are marked M in Notes column
- Additional codes in this column indicate conditions under which other items become mandatory

## Unique key links data records for one episode of care

The hospital-generated Unique Key links each set of data records relating to the one episode of care. That is, the Unique Key for one episode of care will be the same across the record types reported for that episode - Episode Record, Diagnosis Record, and so on.

When a file is created for submission to VAED, the related data records for a particular episode of care will include the components known at the time. This could be all record components, for a completed episode; that is, the Episode Record, Diagnosis/Extra Diagnosis Record, and possibly the Sub-Acute or Palliative Record or DVA and TAC Record, if applicable. If the patient is still in hospital, however, only the admission component and Status Segments of the Episode Record and the DVA and TAC Record, if applicable, can be completed.

Each time a file is submitted, these records will be updated until the episode itself and the data relating to it are completed. If necessary, the Diagnosis/Extra Diagnosis Record and Sub-Acute Record and Palliative may be reported in a later submission than the completed Episode Record.

Submissions can occur more than once a day.

## Data processing

Processing of VAED submission files at Health Technology Solutions (HTS):

- validates data submitted by hospitals
- calculates or derives additional VAED data items such as
  - patient age
  - Statistical Local Area (SLA) of the patient's residential address
  - Diagnosis Related Group (DRG)
  - length of stay
- produces a control report for each VAED submission file
- retains data (only records accepted during validation process) in the database

Once a month a year-to-date copy of data is extracted from the VAED processing database and provided to the department to update the Victorian Admitted Episodes Dataset (VAED) database.

## Header Record

### Header Record File Structure

Note	Data Item	Field Size	Record Position	Layout/Code Set
M	Transaction Type	2	1	H5
M	Hospital Code	3	3	NNN
M	Start Date	8	6	DDMMCCYY
M	End Date	8	14	DDMMCCYY
	Reporting Option	1	22	Space, 2
	Reporting Type Control	1	23	Space, E
	Reporting Type Request	1	24	Space, E
	Report Requests			Refer to Section 6
	1st request			
	Report Code	2	25	
	Report Parameter	12	27	
	2nd request			
	Report Code	2	39	
	Report Parameter	12	41	
	3rd request			
	Report Code	2	53	
	Report Parameter	12	55	
	4th request			
	Report Code	2	67	
	Report Parameter	12	69	
	5th request			
	Report Code	2	81	
	Report Parameter	12	83	
	6th request			
	Report Code	2	95	
	Report Parameter	12	97	
	Software Version/Edition Identifier	3	109	Optional field, free text, or spaces
<b>Total</b>		111		

All alpha characters are uppercase. All numeric fields are right justified and zero filled.

M Mandatory

**Reported by** All Victorian hospitals (public and private).

**Reported for** All VAED data submission files

**Reported when** A file is submitted to VAED

**Reporting guide** **General**

The Header Record identifies the source of the VAED submission file, the period of time to which the file relates, and facilitates report requests.

#### Data Items

##### Transaction Type

The value identifying the Header Record is 'H5'.

**Hospital Code**

The Hospital Code for the submitting hospital. The department will advise new hospitals of their code.

**Start Date**

A valid date, one day greater than the End Date in the Header Record of the previous submission (except where the submission has the same Start and End Dates as the previous submission).

**End Date**

A valid date greater than the current Header Record's Start Date but less than, or equal to, the End-of-Month date (being the last day of the month in which the Header Record's Start Date is included).

End Date must be less than date of submission.

**Report Option**

Default format for the Transmission Control and Reconciliation Report for this submission.

2 Validation messages, then full (accepted) transaction trail

**Reporting Type Control**

Transmission Control and Reconciliation Reports are electronic only

E Electronic only

**Reporting Type Request**

Request Reports for this submission are electronic only

E Electronic only

**Report Requests**

Up to six Request Reports may be ordered in the Header Record. Refer to Section 6 for details on ordering these reports.

**Software Version/Edition Number**

Report the version/edition of software being used by this hospital (optional). Otherwise report spaces.



## Data Records

### Episode Record

Refer to Section 3 for code sets for data items. When not required to report a data item, report spaces.

#### Episode Record File Structure

Note	Data Item	Field Size	Record Position	Layout
M	Transaction Type	2	1	E5
M	Unique Key	9	3	AAAAAAAAA (Hospital-generated) Right justified, zero filled
M	Patient Identifier	10	12	AAAAAAAAAA (Hospital generated) Right justified, zero filled
M	Campus Code	4	22	NNNN
M	Medicare Number	11	26	NNNNNNNNNNN
M	Medicare Suffix	3	37	AAA or A-A
M	Sex	1	40	N
M	Marital Status	1	41	N
M	Date of Birth	8	42	DDMMCCYY
M	Postcode	4	50	NNNN
M	Locality	22	54	Alphanumeric, left justified
M	Admission Date	8	76	DDMMCCYY
M	Admission Time	4	84	HHMM
M	Admission Type	1	88	A
M	Admission Source	1	89	A
1	Transfer Source	4	90	NNNN
	Leave With Permission Days MTD	2	94	NN Right justified, zero filled
	Leave With Permission Days Financial YTD	3	96	NNN Right justified, zero filled
	Leave With Permission Days Total	3	99	NNN Right justified, zero filled
	Status Segment Occurs 7 times			
2	Account Class	2	102, 115, 128, 141, 154, 167, 180	AA or AN
2	Accommodation Type	1	104, 117, 130, 143, 156, 169, 182	N or A
2	Qualification Status	1	105, 118, 131, 144, 157, 170, 183	A
2	Patient Days MTD	2	106, 119, 132, 145, 158, 171, 184	NN Right justified, zero filled
2	Patient Days Financial YTD	3	108, 121, 134, 147, 160, 173, 186	NNN Right justified, zero filled

Note	Data Item	Field Size	Record Position	Layout
2	Patient Days Total	4	111, 124, 137, 150, 163, 176, 189	NNNN Right justified, zero filled
3	Separation Date	8	193	DDMMCCYY
3	Separation Time	4	201	HHMM
3	Separation Mode	1	205	A
1	Transfer Destination	4	206	NNNN
4	Separation Referral	4	210	AAAA Left justified, trailing spaces
5	Carer Availability	1	214	N or space
3	Account Class on Separation	2	215	AA or AN
3	Accommodation Type on Separation	1	217	N or A
M	Care Type	2	218	AA or NN or NA Left justified, trailing space
M	Country of Birth	4	220	NNNN
M	Indigenous Status	1	224	N
M 6	Criterion for Admission	1	225	A
M	Intended Duration of Stay	1	226	N
17	Hospital Insurance Fund (no longer reported)	3	227	Spaces or AAA or NNN
M	Hospital Insurance Status	1	230	N
18	Mental Health Legal Status (no longer reported)	1	231	Space or N
7	Funding Arrangement	1	232	N
8	Contract Type	1	233	N
8	Contract Role	1	234	A
9	Contract/Spoke Identifier	4	235	NNNN
10	Contract Leave Days - MTD	2	239	NN Right justified, zero filled
10	Contract Leave Days - Financial YTD	2	241	NN Right justified, zero filled
10	Contract Leave Days - Total	2	243	NN Right justified, zero filled
	User Flag	1	245	Optional field, free text
12	Preferred Language	4	246	NNNN
12	Interpreter Required	1	250	N
13	ACAS Status	1	251	N
15	Mental Health Statewide Patient Identifier	10	252	ODS generated 10 digit number (NNNNNNNNNN) Right justified, zero filled
	Leave Without Permission Days MTD	2	262	NN Right justified, zero filled
	Leave Without Permission Days Financial YTD	3	264	NNN Right justified, zero filled
	Leave Without Permission Days Total	3	267	NNN Right justified, zero filled
3	Intention to Readmit	1	270	N

Note	Data Item	Field Size	Record Position	Layout
M	Date of Birth Accuracy Flag	3	271	A
7, 14	Program Identifier	2	274	NN
16, 14	Mother's UR	10	276	AAAAAAAAAA Right justified, zero filled
M	Admitting Unit/Specialty	4	286	AAAspace or AAAA
3	Discharging Unit/Specialty	4	290	Spaces or AAAspace or AAAA
<b>Total</b>		<b>293</b>		

All alpha characters uppercase. All numeric fields are right justified and zero filled.

- M Mandatory
- 1 Transfer Source: Mandatory if Admission Source = T, else spaces. Transfer Destination: Mandatory if Separation Mode = T, else spaces.
- 2 Mandatory in first Status Segment. In any subsequent Status Segment, if any field is present, then all fields for that segment must be present.
- 3 Mandatory but submit only when Separation Date is reported
- 4 Mandatory for public hospital if Separation Mode = H but report only when Separation Date is reported, else spaces. Private hospitals report codes or spaces.
- 5 Mandatory for public hospitals where Care Type is 1, P, 6, 8, 9 or MC and Separation Mode is H, else space. Private hospitals report a space.
- 6 Criterion for Admission: Code S only for use by Early Parenting Centres.
- 7 Mandatory for all hospitals involved in contracted care, hub and spoke arrangements, or the specified funding arrangements, programs or initiatives, else space.
- 8 Mandatory for all hospitals involved in contracted care arrangements, else space.
- 9 Mandatory for all hospitals involved in contracted care or Hub and Spoke (only Hub reports) arrangements, else spaces.
- 10 Mandatory for contracting hospitals, in specific instances. Refer to Section 3.
- 12 Mandatory for all public hospitals. Private hospitals report codes or spaces.
- 13 Mandatory for public hospitals when Care Type is 1, 4, 6, 8, 9 or MC, and patient age is greater than or equal to 50, and where the episode is not a same day episode, but report only when Separation Date is reported, else spaces. Private hospitals report codes or spaces.
- 14 Where a field at the end of a record has a value of space, the record can be ended at the last field where a value is not space(s).
- 15 Mandatory for all public hospitals with an approved Mental Health Service when Care Type is 5x or any episode where an ECT has been performed. Private hospitals report spaces.
- 16 Mandatory for newborn episodes where the baby is born in the hospital.
- 17 Hospital Insurance Fund reported up to 2013-14 Optional field from 2014-15
- 18 Mental Health Legal Status reported up to 2017-18, optional field from 2018-19

**Reported by** All Victorian hospitals (public and private).

**Reported for** All admitted patient episodes of care.

**Reported when** An episode of care has commenced, and in subsequent VAED data submission (updates) until the episode, and the data relating to that episode, are complete and correct.

Refer to: 'Data Submission Scheduling'

## Reporting guide

### General

The Episode Record (E5) contains demographic, admission and separation data. In addition, there are up to seven Status Segments containing accounting information recorded at admission (first Status Segment) and up to six times when there is a change to this information. In each Status Segment, there are fields for patient day counts that must be provided by the in-house system; the VAED processor does not calculate patient days.

The processor deals with counts of days (patient days, leave days with and without permission) according to the field's relationship with the month and year in the Header Record dates.

If the Header Record identifies the month as July 2018, all the month-to-date fields in the submission will be treated as July 2018 and the year-to-date as 2018-19.

When an E5 is submitted the validation process checks data in the E5 and data already held in the VAED processing database for the same Unique Key and Patient Identifier.

#### **E5 and V5 must be submitted together**

DVA /TAC Record, if required, must be in the same submission file as the Episode Record for the same Unique Key.

#### **E5 required for J5, X5/Y5, S5, P5, V5 to be accepted**

Extra Episode Record, Diagnosis Record, Sub-Acute Record, Palliative Record or DVA and TAC Record can only be accepted or retained on the VAED processing database if there is an Episode Record with the same Unique Key currently held in the database.

#### **Separation Date required for J5, X5/Y5, P5 S5 to be accepted**

Extra Episode Record , Diagnosis/Extra Diagnosis Record, Palliative Record or Sub-Acute Record can only be accepted when the Episode Record contains a Separation Date.

#### **Correction/Update**

To amend or update an Episode Record, re-submit the entire record containing the updated data. This will overwrite the Episode Record already accepted, and held on the database.

For patients remaining in hospital at the end of the month, the Episode Record needs to be re-submitted with the next month's data until the separation details are submitted, in order to update the counts of patient days and leave days each month, and for the financial year-to-date, and in total.

#### **Deletion**

To delete an entire Episode Record:

Re-submit the Episode Record containing all 9s in the Medicare Number field  
OR

Submit only the Unique Key and the Medicare Number containing all 9s.

#### **Deleting an Episode Record will also delete any other type of record with the same Unique Key held by the VAED processing database.**

If the deletion is submitted after a DVA and TAC Record has been sent to DVA or TAC, the record will be flagged as deleted but will remain on the file available to the department.

A record can be deleted and re-submitted in the same submission as long as the deletion is sequenced first.

#### **Data Items**

##### **Transaction Type**

The value identifying the Episode Record is 'E5'.

## Status Segments

There are seven Status Segments available in each Episode Record.

Each Status Segment comprises a new combination of details involving the following fields:

- Account Class
- Accommodation Type
- Qualification Status

Each Status Segment records the number of Patient Days relating to that segment, including:

- Patient Days Month-to-Date (ie, the month indicated by the Header Record)
- Patient Days Financial Year-to-date (ie, the Financial year indicated by the Header Record)
- Patient Days Total (ie, from the Admission Date to the Separation Date/End Date for this submission, regardless of month or financial year)

A Status Segment must have a minimum of one Patient Days.

### Refer to:

Section 2: Length of Stay.

Section 4: Length of Stay, and Reporting History of Code Changes.

### 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. It is important that moves between ward-based care and ITH care are reported sequentially in successive Status Segments.

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

### When to submit Status Segments

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

In the following example, the Patient Days represent the sum of Patient Days reported in all Status Segments used for each period (that is, the 30 days reported in June might have been in two Status Segments, reporting two different Account Classes). The example also assumes there have been no Leave Days (With or Without Permission).

	End of month submissions for	Patient Days MTD	Patient Days YTD	Patient Days Total
Patient admitted 28 May	May	4	4	4
Patient not yet separated	June	30	34	34
Patient separated 4 July	July	3	3	37

The patient days reported in Year-to-Date of the July submission equal Month-to-Date days because this is now a new financial year.

### How to Report a Correction to Status Field(s)

If information in a Status Segment is incorrect, the Status Segment should be overwritten by re-submitting the Episode Record with the correct details.

## How to Record a Change in Status Field(s)

If the Account Class, Accommodation Type or Qualification Status changes, a new Status Segment is needed to record the Patient Days accrued for the new Status Segment field combination.

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

In other instances, Status Segments can be re-used if necessary. If the combination of Account Class, Accommodation Type and Qualification Status changes to a combination previously utilised in the episode, that earlier Status Segment can be used to also record Patient Days for the later period. Where a Status Segment is used more than once, the Patient days reported are the sum of the Patient Days accrued during each occasion when that set of Status Segment fields applied.

For example, rather than:

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

These circumstances could be reported as:

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

If using this method, it is vital that the correct details are copied into the Account Class on Separation field: that is, the details current on separation, even though they may not be in the last Status Segment for that Episode Record. In the above example, Account Class on Separation would be 'PE'.

### If all Status Segments have been used either:

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

Use the following criteria when deciding which Status Segment to overwrite or which details to record in the seventh Status Segment:

- The Account Class on Separation must appear in at least one Status Segment
- Never overwrite a segment with Accommodation Type 4 In the Home (HITH)
- If the patient is a newborn and the new Qualification Status is N Qualified, overwrite an earlier Segment that has N Qualified Qualification Status or ensure the seventh Segment shows N Qualified.
- Give priority to matching the broad category of Account Class (as indicated by the first character of the code); that is, keep the patient day counts against an Account Class that is at least correct at the first character level.
- If there is still a choice of Status Segments to overwrite, match the Accommodation Type (but do not erase 4 In the Home (Hospital – HITH)).

### User Flag

Optional field

## Extra Episode Record

Refer to Section 3 for code sets for data items. When not required to report a data item, report spaces.

### Extra Episode Record File Structure

Note	Data Item	Field Size	Record Position	Layout
M	Transaction Type	2	1	J5
M	Unique Key	9	3	AAAAAAAAA (Hospital-generated) Right justified, zero filled
2	Advance Care Directive Alert	1	12	N or space
1	Clinical Group	12	13	Characters or spaces
<b>Total</b>			<b>24</b>	

M Mandatory

1 Optional

2 Mandatory if Care Type is not 10 or U, optional for Care Type 10 or U

**Reported by** Public hospitals

**Reported for** All admitted patient episodes of care

**Reported when** A Separation Date is reported in the Episode Record

#### Reporting guide

##### General

The Extra Episode Record (J5) contains demographic data.

When a J5 is submitted the validation process checks data in the J5 and data already held in the VAED processing database for the same Unique Key.

##### **E5 required for J5, X5/Y5, S5, P5, V5 to be accepted**

Extra Episode Record, Diagnosis Record, Sub-Acute Record, Palliative Record or DVA and TAC Record can only be accepted if there is an Episode Record with the same Unique Key currently held on the VAED processing.

##### **Separation Date required for J5, X5/Y5, P5, S5 to be accepted**

Extra Episode Record, Diagnosis/Extra Diagnosis Record, Palliative Record or Sub-Acute Record can only be accepted when the Episode Record contains a Separation Date.

##### **Correction/Update**

To amend or update an Extra Episode Record, re-submit the entire record containing the updated data. This will overwrite the Extra Episode Record already accepted, and held on the VAED processing database.

##### **Data Items**

##### **Transaction Type**

The value identifying the Extra Episode Record is 'J5'.

## Diagnosis Record

Refer to Section 3 for code sets for data items. When not required to report a data item, report spaces.

### Diagnosis Record File Structure

Note	Data Item	Field Size	Record Position	Layout
M	Transaction Type	2	1	X5
M	Unique Key	9	3	AAAAAAAAA (Hospital generated) Right justified, zero filled
1	Diagnosis Code x 12 - each code	8 (8 x 12)	12	AANNNN Each left justified, trailing spaces
2	Procedure Code x 12 - each code	8 (8 x 12)	108	NNNNNNNA Each left justified, trailing spaces
3	Admission Weight	4	204	NNNN (Admission Weight in grams)
8	User Flag	1	208	Optional field, free text
4, 8	Duration of Stay in Intensive Care Unit	4	209	NNNN Right justified, zero filled
5, 8	Duration of Mechanical Ventilation in ICU	4	213	NNNN Right justified, zero filled
6, 8	Hospital Generated DRG	4	217	ANNA or NNNA
7, 8	Duration of Stay in Cardiac/Coronary Care Unit	4	221	NNNN Right justified, zero filled
8, 11	Duration of Non-Invasive Ventilation in ICU	4	225	NNNN Right justified, zero filled
9	Procedure Start Date Time	12	229	DDMMCCYYHHMM
10	Care Plan Documented Date	8	241	DDMMCCYY
12	Proceduralist ID	13	249	XXXXXXXXXXXXX
<b>Total</b>		<b>261</b>		

All alpha characters uppercase. All numeric fields right justified with leading zeros

M Mandatory

1 First diagnosis code is mandatory.

2 Eighth character is F or N for procedures occurring in the contracted hospital when reported by the contracting hospital, else space.

3 Mandatory if patient aged <1 year at admission, else spaces.

4 Mandatory for patients cared for in an approved ICU, contracting hospitals (refer Section 3), else spaces.

5 Mandatory for patients who received mechanical ventilation in an approved ICU, contracting hospitals (refer Section 3), else spaces.

6 Optional but recommended for all hospitals with grouping software; else spaces.

7 Mandatory for patients cared for in an approved CCU, contracting hospitals (refer Section 3), else spaces.

8 Where a field at the end of a record has a value of space(s), the record can be ended at the last field where a value is not space(s).

9 Mandatory (Time – conditional mandatory) for all episodes where the first coded procedure is one identified in the ICD-10-AM/ACHI Library file as requiring Procedure Start Date Time, else spaces

10 Mandatory for episodes with Care Types 6, P, 8, 9, or MC with Separation Date 7 days or more after Admission Date; else spaces.



- 11 Mandatory for public hospitals providing NIV in an approved ICU, public contracting hospitals (refer Section 3), else spaces. Private hospitals report spaces.
- 12 Optional in 2018-19 for all episodes where the first coded procedure is one identified in the ICD-10-AM/ACHI Library file as requiring Procedure Start Date Time, else spaces

**Reported by** All Victorian hospitals (public and private)

**Reported for** All admitted patient episodes of care

**Reported when** A Separation Date is reported in the Episode Record.

**Refer to:** 'Data Submission Scheduling'

**Reporting guide**

**General**

The Diagnosis Record accepts up to 12 diagnosis and 12 procedure codes, along with a range of other items, as listed in the file structure.

Each admitted patient episode of care must be coded regardless of whether the DRG allocated is relevant for funding.

When an X5 is submitted the validation process checks data in the X5 and data already held in the VAED processing database for the same Unique Key and Patient Identifier.

**Correction/Update**

To amend a Diagnosis Record, re-submit the Diagnosis Record. This will overwrite the record held in the database and cause the DRG to be re-assigned.

**Deletion**

To delete a Diagnosis Record, zero-fill the first diagnosis code and leave the rest of the record blank, then re-submit the Diagnosis Record.

If an Episode Record is deleted, the Diagnosis Record is deleted automatically. Re-submitting the Episode Record alone will not re-generate the Diagnosis Record; the Diagnosis Record must also be re-submitted.

A record can be deleted and re-submitted in the same file, as long as the hospital sequences the deletion first.

**Data Items**

**Transaction Type**

The value identifying the Diagnosis Record is 'X5'.

**User Flag**

Optional field

## Extra Diagnosis Record

Refer to Section 3 for code sets for data items. When not required to report a data item, report spaces.

### Extra Diagnosis Record File Structure

Note	Data Item	Field Size	Record Position	Layout/Code Set
M	Transaction Type	2	1	Y5
M	Unique Key	9	3	AAAAAAAAA (Hospital generated) Right justified, zero filled
	Diagnosis Code (13 to 25)	8 (8 x 13)	12	AANNNN Each left justified and with trailing spaces
1, 2	Procedure Code (13 to 25)	8 (8 x 13)	116	NNNNNNNA Each left justified and with trailing spaces
2	Diagnosis Code (26 to 40)	8 (8 x 15)	220	AANNNN Each left justified and with trailing spaces
1, 2	Procedure Code (26 to 40)	8 (8 x 15)	340	NNNNNNNA Each left justified and with trailing spaces
<b>Total</b>		<b>459</b>		

M Mandatory

1 Eighth character is F or N for procedures occurring in the contracted hospital when reported by the contracting hospital, else space.

2 Where a field at the end of a record has a value of space(s), the record can be ended at the last field where a value is not space(s).

**Reported by** Public and private hospitals - **optional**

That is, a hospital may choose whether or not to report more than 12 diagnosis and 12 procedure codes for episodes where more than 12 of either/both have been assigned.

**Reported for** Each episode that has more than 12 diagnosis and/or 12 procedure codes assigned.

**Reported when** A Separation Date has been reported in the Episode Record.

**Refer to:** 'Data Submission Scheduling'

#### Reporting guide

##### General

The Extra Diagnosis Record accepts up to 28 extra diagnosis and/or procedure codes, for each applicable episode of care, therefore a maximum of 40 diagnosis and 40 procedure codes. (The Diagnosis Record accepts the first twelve of each.)

Always submit the Extra Diagnosis Record immediately following the corresponding Diagnosis Record (matching Unique Keys).

When a Y5 is submitted with an X5 the validation process checks data in the X5/Y5 and data already held in the database for the same Unique Key and Patient Identifier.

### **Correction/Update**

To correct or update an Extra Diagnosis Record, re-submit the Diagnosis Record immediately followed by the updated Extra Diagnosis Record. This will overwrite all fields already held in the VAED processing database and re-assign the DRG.

### **Deletion**

To delete an Extra Diagnosis Record, zero-fill the first diagnosis code and leave the rest of the record blank, then re-submit the Extra Diagnosis Record.

A record can be deleted and re-submitted in the same file, as long as the hospital sequences the deletion first.

If an Episode Record is deleted, both the Diagnosis Record and Extra Diagnosis Record will automatically be deleted from the VAED processing database. Re-submitting the Episode Record alone will not re-generate the Diagnosis Record and Extra Diagnosis Record; they must also be re-submitted.

### **Data Items**

Transaction Type

The value identifying the Extra Diagnosis Record is 'Y5'.

## Subacute Record

Refer to Section 3 for code sets for data items. When not required to report a data item, report spaces.

### Subacute Record File Structure

Note	Data Item	Field Size	Record Position	Layout/Code Set
M	Transaction Type	2	1	S5
M	Unique Key	9	3	Hospital generated Right justified, zero filled
M	Patient Identifier	10	12	Hospital generated Right justified, zero filled
F	Barthel Index Score on Admission (no longer reported)	3	22	Spaces
F	Barthel Index Score on Separation (no longer reported)	3	25	Spaces
E	Clinical Sub-program (no longer reported)	3	28	Spaces
C	Onset Date	8	31	DDMMCCYY or spaces
F	Admission/Re-admission to Rehabilitation (no longer reported)	1	39	Space
O	User Flag	1	40	Optional field, free text
B	Functional Assessment Date on Admission	8	41	DDMMCCYY or spaces
B	Functional Assessment Date on Separation	8	49	DDMMCCYY or spaces
C	Impairment	6	57	From code list or spaces
B	FIM™ Score on Admission	18	63	NNNNNNNNNNNNNNNNNNNN or spaces Right justified, zero filled
B	FIM™ Score on Separation	18	81	NNNNNNNNNNNNNNNNNNNN or spaces Right justified, zero filled
Total		Total 98		

All alpha characters uppercase. All numeric fields right justified and zero filled.

- M Mandatory
- B Mandatory if Care Type = 6 or 9
- C Mandatory if Care type = 6 or P
- E Clinical Sub-program reported up to 2012-13. Report spaces.
- F Barthel Index Score and Admission/ Re-admission to Rehabilitation reported up to 2013-14.  
Report spaces

**Reported by** Public hospitals.  
[Private hospitals: Do not report S5s.]

**Reported for** Care Types P, 6, 9 only.

- O Optional

**Reported when** A Separation Date is reported in the Episode Record.

**Refer to:** 'Data Submission Scheduling'.

**Reporting guide** **General**  
The data items collected in the Subacute Record (marked with an \* in the table below) are needed for the support and further development of casemix classifications for sub-acute episodes.

Subacute Record field	Rehab Care Type 6	Rehab Care Type P	GEM Care Type 9
Transaction Type	S5	S5	S5
Unique Key	*	*	*
Patient Identifier	*	*	*
Functional Assessment Date on Admission	*	Spaces	*
Functional Assessment Date on Separation	*	Spaces	*
Onset Date	*	*	Spaces
Impairment	*	*	Spaces
FIM™ Score on Admission	*	Spaces	*
FIM™ Score on Separation	*	Spaces	*

When an S5 is submitted the validation process checks data in the S5 and data already held in the VAED processing database for the same Unique Key and Patient Identifier.

#### **Correction**

To correct a Subacute Record, re-submit the entire Subacute Record, including the corrections. This will overwrite the existing record.

#### **Deletion**

- To delete a Subacute Record (S5), re-submit S5 with the same Unique Key and all 9s in the Impairment field (including GEM episodes).
- If an Episode Record (E5) is deleted, the S5 will automatically be deleted. Re-submitting the E5 alone will not re-generate the S5; the S5 must also be re-submitted.
- A record can be deleted and re-submitted in the same submission as long as the hospital sequences the deletion first.

#### **Data Items**

##### **Transaction Type**

The value identifying the Subacute Record is 'S5'.

The content of this field will appear in Control Reports

##### **User Flag**

Optional field

# Palliative Record

## Palliative Record File Structure

Note	Data Item	Field Size	Record Position	Layout/Code Set
M, A	Transaction Type	2	1	P5
M, A	Unique Key	9	3	AAAAAAAAA (Hospital generated) Right justified, zero filled
M, A	Patient Identifier	10	12	AAAAAAAAA (Hospital generated) Right justified, zero filled
M, A	RUG ADL on Admission	2	22	NN Right justified, zero filled
M, A	RUG ADL on Separation	2	24	NN Right justified, zero filled
M	Source of Referral to Palliative Care	2	26	NN
M	Phase of Care on Admission	1	28	N
2	Final Phase of Care	1	29	N
	<b>Phase Status Change Segment occurs 10 times</b>			
1	Phase of Care Change Date	8	30, 41, 52, 63, 74, 85, 96, 107, 118, 129	DDMMYYYY
1	Phase of Care on Phase Change	1	38, 49, 60, 71, 82, 93, 104, 115, 126, 137	N
1	RUG ADL on Phase Change	2	39, 50, 61, 72, 83, 94, 105, 116, 127, 138	NN
O	User Flag	1	140	Optional field, free text
2	Final Phase of Care Start Date	8	141	DDMMYYYY
2	RUG ADL on start Final Phase of Care	2	149	NN Right justified, zero filled
M	Preferred Death Place	2	151	NN
<b>Total</b>		<b>152</b>		

All alpha characters uppercase. All numeric fields right justified and zero filled.

Notes M, 1 and 2 apply only to Palliative Care.

- M Mandatory for Palliative Care
- 1 In each segment if any field is present, then all fields for that segment must be present.
- O Optional
- 2 Only reported when more than 10 changes of Phase of Care occur. If any field is present, then all three fields must be present
- A Mandatory for Maintenance Care

<b>Reported by</b>	Public hospitals. Private hospitals: Do not report P5s.
<b>Reported for</b>	Care Type 8 Palliative Care and MC Maintenance Care.
<b>Reported when</b>	A Separation Date is reported in the Episode Record.
	<b>Refer to:</b> 'Data Submission Scheduling'
<b>Reporting guide</b>	When a P5 is submitted the validation process checks data in the P5 and data already held in the VAED processing database for the same Unique Key and Patient Identifier.
	<b>Correction</b> To correct a Palliative Record, re-submit the entire Palliative Record, including the corrections. This will overwrite the existing record.
	<b>Deletion</b>
	<ul style="list-style-type: none"> <li>• To delete a Palliative Record (P5), re-submit a P5 with the same Unique Key, and enter all 9s in the RUG ADL on Admission.</li> <li>• If an Episode Record (E5) is deleted, the P5 will automatically be deleted. Re-submitting the E5 alone will not re-generate the P5; the P5 must also be re-submitted.</li> <li>• A record can be deleted and re-submitted in the same submission as long as the hospital sequences the deletion first.</li> </ul>
	<b>Data Items</b>
	<b>Transaction Type</b> The value identifying the Palliative Record is 'P5'.
	<b>User Flag</b> Optional field

## DVA and TAC Record

### DVA and TAC Record File Structure

Note	Data Item	Field Size	Record Position	Layout/Code Set
M	Transaction Type	2	1	V5
M	Unique Key	9	3	AAAAAAAAA (Hospital generated) Right justified, zero filled
M	Patient Identifier	10	12	AAAAAAAAA (Hospital generated) Right justified, zero filled
M	DVA ID / TAC Claim Number	9	22	AAAANNNNX or AAAANNNNXA (DVA) YYXXXXX (TAC) Refer to Section 3
M	Surname	25	31	Refer to Section 3
M	Given Name(s)	15	56	Refer to Section 3
1	Admission Date	8	71	DDMMCCYY
1	Separation Date	8	79	DDMMCCYY
2 3	Date of Accident	8	87	DDMMCCYY
3	User Flag	1	95	Optional field, free text or space
Total		95		

All alpha characters must be uppercase. All numeric fields right justified and zero filled.

M Mandatory

1 These dates must match those in the corresponding Episode Record.

2 Mandatory if Account Class = T- TAC, else spaces.

3 Where a field at the end of a record has a value of space(s), the record can be ended at the last field where a value is not space(s).

**Reported by** Public hospitals.

[Private hospitals: Do not report V5s.]

**Reported for** Admitted patient episodes with an Account Class of V- DVA or T- TAC.

**Reported when** The Episode Record is reported (each time).

**Refer to:** 'Data Submission Scheduling'

#### Reporting guide

##### General

The DVA and TAC Record (V5) allows public hospitals to report the necessary additional information about a DVA or TAC patient to facilitate payment for the episode.

##### Correction/Update

To correct a V5, re-submit the entire V5 (together with the E5), including the corrections. This will overwrite the existing record.



### **Deletion**

VAED processing requires a matching Episode (E5) and DVA and TAC (V5) pair of records to be retained on the system.

- The only way to delete a DVA and TAC Record is to delete the corresponding E5. This will automatically delete the V5.
- Re-submitting the E5 alone will not re-generate the V5; the V5 must also be re-submitted. If the deletion is submitted after the DVA and TAC Record has been sent to DVA or TAC as relevant, the record will be flagged as cancelled but will remain on the file available to the department.
- A record can be deleted and re-submitted in the same submission so long as the deletion is sequenced first.

### **Data Items**

#### **Transaction Type**

The value identifying the DVA and TAC Record is 'V5'.

#### **User Flag**

Optional field

### **Validation**

The following rules apply to DVA and TAC data:

- If, in this submission, there is an E5 with Account Class V- *DVA* or T- *TAC*, then there must be a V5 with the same Unique Key in this submission.
- If either the E5 or V5 fails the validation, both E5 and V5 will be rejected.

The E5 and V5 Records of DVA and TAC patients are subject to the Transaction Matching process before the Submitted Transaction process:

The Transaction Match process:

- Verifies the presence of one E5 and one V5 for any Unique Key
- Checks Admission and Separation Dates for consistency between the E5 and V5
- Checks V5s for validity
- Rejects the pairs of records which fail these checks.

## Trailer Records

### General

Two Trailer Records end each VAED submission.

These Trailer Records report the number of data records submitted and selected month-to-date and financial year-to-date statistics. This provides hospitals with a means to reconcile the data held on the VAED processing database after processing of the submission, with the health service's in-house data:

- To ensure all expected types and numbers of records submitted in the current run have been received.
- To allow summary statistics calculated after processing the submission to be compared with those produced by the hospital's in-house system.

The format of the Trailer Records differs for public and private sector. This is because reporting categories for End-of Month Statistics differ by sector.

### Correction

Data contained in the Trailer Records will be overwritten when the Header Record of the next submission:

- Has Start and End Dates identical to those in the previous submission.
- Has an End Date of the same month and year to that in the previous submission.

### Mapping VAED fields to Trailer Records

The Trailer Records contain fields which report separations and patient days by aggregated Account Class groups. This section describes the mapping between Account Classes and these groups ('Trailer Record Categories'), which differ between public and private hospitals.

#### Public Hospitals - Account Class

Trailer Record Category	Account Classes
Public – Acute (both Separations and Patient Days)	MP, ME, MF, MA, JP
Private – Acute (both Separations and Patient Days)	PA, PB, PC, PD, PE, PF, PG, PH, PI, PJ, PK, PL, PM, PN, PO, PP, PQ, PR, VX
Compensable – Acute (both Separations and Patient Days)	WC, TA, AS, SS, CL, OO
Ineligible – Acute (both Separations and Patient Days)	XX
Public NHT – NH5 (both Separations and Patient Days)	M5
Public NHT – Non NH5 (both Separations and Patient Days)	MN, JN
Private NHT – NH5 (both Separations and Patient Days)	PT, PV, V5
Private NHT – Non NH5 (both Separations and Patient Days)	PS, PU, VN
Compensable – Non-Acute (both Separations and Patient Days)	WN, TN, AN, SN, CN, ON
Ineligible – Non-Acute (both Separations and Patient Days)	XN
Public – Same Day	MP, ME, MF, MN, M5, MA, JP, JN
Private – Same Day	PA, PB, PC, PD, PE, PF, PG, PH, PI, PJ, PK, PL, PM, PN, PO, PP, PQ, PR, PS, PT, PU, PV, VX, VN, V5
Compensable – Same Day	WC, WN, TA, TN, AS, AN, SS, SN, CL, CN, OO, ON

Ineligible – Same Day	XX, XN
Posthumous Organ Procurement	KK

### Private Hospitals and Day Procedure Centres - Account Class

Trailer Record Category	Account Classes
Private – Acute (both Separations and Patient Days)	PA, PB, PC, PD, PE, PF, PG, PH, PI, PJ, PK, PL, PM, PN, PO, PP, PQ, PR, VX
Private – Nursing Home Type (both Separations and Patient Days)	PS, PT, PU, PV, VN, V5
Compensable (both Separations and Patient Days)	WC, WN, TA, TN, AS, AN, SS, SN, CL, CN, OO, ON
Ineligible (both Separations and Patient Days)	XX, XN
Public – Under Contract (both Separations and Patient Days)	MP
Private – Same Day	PA, PB, PC, PD, PE, PF, PG, PH, PI, PJ, PK, PL, PM, PN, PO, PP, PQ, PR, PS, PT, PU, PV, VX, VN, V5
Compensable – Same Day	WC, WN, TA, TN, AS, AN, SS, SN, CL, CN, OO, ON
Ineligible – Same Day	XX, XN
Public – Under Contract – Same Day	MP

### Funding Arrangement

Episodes with Funding Arrangement 7 Private Hospital Elective Surgery Initiative should be included in all totals relating to Public – under Contract in Trailer Record 1 (T5) and Trailer Record 2 (U5).

### Trailer Record 1: Private Hospitals and Day Procedure Centres File Structure

Note	Data Item	Field Size	Record Position	Layout/Code Set
M	Transaction Type	2	1	T5
M	Hospital Code	3	3	NNN
	<b>Input Reconciliation</b>			
M	Total Number of Records	5	6	NNNNN
	<b>Episode Records</b>			
M	New	4	11	NNNN
M	Corrections	4	15	NNNN
M	Deletions	4	19	NNNN
	<b>Diagnosis Records</b>			
M	New	4	23	NNNN
M	Corrections	4	27	NNNN
M	Deletions	4	31	NNNN
	<b>Summary Statistics MTD</b>			
M	Admissions (includes Statistical)	4	35	NNNN
M	Separations (includes Statistical)	4	39	NNNN
M	Statistical Separations	4	43	NNNN
M	On Leave With or Without Permission at End Date	3	47	NNN
M	Actual Remaining in at End Date	4	50	NNNN
M	Patient Days	5	54	NNNNN
	<b>Summary Statistics Financial YTD</b>			

M	Admissions (includes Statistical)	5	59	NNNNN
M	Separations (includes Statistical)	5	64	NNNNN
M	Statistical Separations	5	69	NNNNN
M	Patient Days	6	74	NNNNNN
1	End-of-Month Statistics MTD			
	<b>(Private Hospitals and Day Procedure Centres format:)</b>			
	<b>Private-Acute</b>			
1	Separations	4	80	NNNN or spaces
1	Patient Days	5	84	NNNNN or spaces
1	<b>Private-NHT</b>			
1	Separations	4	89	NNNN or spaces
1	Patient Days	5	93	NNNNN or spaces
	<b>Compensable</b>			
1	Separations	4	98	NNNN or spaces
1	Patient Days	5	102	NNNNN or spaces
	<b>Ineligible</b>			
1	Separations	4	107	NNNN or spaces
1	Patient Days	5	111	NNNNN or spaces
	<b>Public - Under Contract</b>			
1	Separations	4	116	NNNN or spaces
1	Patient Days	5	120	NNNNN or spaces
	<b>Same Day Separations</b>			
1	Private - Same Day	4	125	NNNN or spaces
1	Compensable - Same Day	4	129	NNNN or spaces
1	Ineligible - Same Day	4	133	NNNN or spaces
1	Public - Under Contract – Same-Day	4	137	NNNN or spaces
	Filler	100	141	Zeros or spaces
Total		240		

All numeric fields must be right justified and zero-filled.

M Mandatory

1 Mandatory in submissions with End-of-Month file date

**Reporting guide**

**Data Items**

**Transaction Type**

The value identifying this Trailer Record is 'T5'.

**Hospital Code**

The recognised Hospital Code for the submitting hospital (NNN).

**INPUT RECONCILIATION**

**Total Number of Records**

Total number of records in this submission file, being total of the following nine fields.

**Episode Records – New**

Total number of new Episode Records (E5) in this submission file.

**Episode Records – Corrections**

Total number of Episode Record (E5) corrections and updates in this submission file.

**Episode Records – Deletions**

Total number of Episode Record (E5) deletions in this submission file.

**Diagnosis Records –New**

Total number of new Diagnosis Records (X5) and Extra Diagnosis Records (Y5) in this submission file.

**Diagnosis Records – Corrections**

Total number of Diagnosis Record (X5) and Extra Diagnosis Record (Y5) corrections and updates in this submission file.

**Diagnosis Records – Deletions**

Total number of Diagnosis Record (X5) and Extra Diagnosis Record (Y5) deletions in this submission file.

**SUMMARY STATISTICS MONTH-TO-DATE**

Summary Statistics MTD includes all episodes, including episodes for qualified *and* unqualified newborns. Patient day counts include all patient days, including qualified and unqualified days.

**MTD – Admissions**

Total admissions in month of Header Record (or month-to-date): both formal and statistical, both same day and overnight, both qualified and unqualified newborns.

**MTD – Separations**

Total separations in month of Header Record (or month-to-date): both formal and statistical, both same day and overnight, both qualified and unqualified newborns.

**MTD – Statistical Separations**

Total statistical separations in month of Header Record (or month-to-date), both same day and overnight. These have also been included in Separations (previous field). Excludes all newborns for whom there can be no Statistical Separations.

**On Leave With or Without Permission at End Date**

Total admitted patients who are on leave with or without permission at the Header Record End Date.

**Actual Remaining In at End Date**

Total admitted patients who remain as admitted patients at Header Record End Date (that is, not separated and not on leave [with or without permission]) including qualified and unqualified newborns. The VAED processor calculated total includes patients on leave with or without permission but the Trailer Record total should not.

**MTD – Patient Days**

Total patient days in month of Header Record (or month-to-date). Includes patient days incurred by same day patients and during which newborns were qualified and unqualified.

**SUMMARY STATISTICS FINANCIAL YEAR-TO-DATE****Financial YTD – Admissions**

Total admissions in the financial year of Header Record: both formal and statistical, both same day and overnight, including both qualified and unqualified newborns.

**Financial YTD – Separations**

Total separations in the financial year of Header Record: both formal and statistical, both same day and overnight, including both qualified and unqualified newborns.

**Financial YTD – Statistical Separations**

Total statistical separations in the financial year of Header Record, both same day and overnight. These have also been included in Separations (previous field). Excludes all newborns for whom there can be no Statistical Separations.

**Financial YTD – Patient Days**

Total patient days in the financial year of Header Record. Includes patient days incurred by same day patients and days during which newborns were qualified and unqualified.

**END OF MONTH STATISTICS MONTH-TO-DATE**

Mandatory in submissions with an End-of-Month file date. Optional for other submission. If not submitting End-of-Month data, report spaces.

**MTD – Private – Acute – Separations**

Total separations of private acute patients (including DVA acute patients) in the month of Header Record (or month-to-date): both formal and statistical, both same day and overnight. Includes separations of newborns qualified for all or part of the episode.

**MTD – Private – Acute – Patient Days**

Total private acute (including DVA acute) patient days in the month of Header Record (or month-to-date). Includes patient days incurred by same day patients. Includes patient days during which newborns were qualified.

**MTD – Private – NHT – Separations**

Total separations of private NHT patients (including DVA NHT patients) in the month of Header Record (or month-to-date): both formal and statistical, both same day and overnight.

**MTD – Private – NHT – Patient Days**

Total private NHT (including DVA NHT) patient days in the month of Header Record (or month-to-date). Includes patient days incurred by same day patients.

**MTD – Compensable – Separations**

Total separations of compensable patients in the month of Header Record (or month-to-date): both formal and statistical, both same day and overnight.

**MTD – Compensable – Patient Days**

Total compensable patient days in the month of Header Record (or month-to-date). Includes patient days incurred by same day patients.

**MTD – Ineligible – Separations**

Total separations of ineligible patients in the month of Header Record (or month-to-date): both formal and statistical, both same day and overnight. Includes separations of newborns qualified for all or part of the episode.

**MTD – Ineligible – Patient Days**

Total ineligible patient days in the month of Header Record (or month-to-date). Includes patient days incurred by same day patients. Includes patient days during which newborns were qualified.

**MTD – Public – Under Contract – Separations**

Total separations of public patients under contract in the month of Header Record (or month-to-date): both formal and statistical, both same day and overnight. Includes separations of newborns qualified for all or part of the episode. Includes separations of patients treated under Funding Arrangement 7 *Private Hospital Elective Surgery Initiative*.

**MTD – Public – Under Contract – Patient Days**

Total public under contract patient days in the month of Header Record (or month-to-date). Includes patient days incurred by same day patients. Includes patient days during which newborns were qualified. Includes patient days incurred by patients treated under Funding Arrangement 7 Private Hospital Elective Surgery Initiative.

**SAME DAY SEPARATIONS**

Separations counted in the following Same Day fields should have also been included in the Separations field for the respective account category, as listed above. Same Day statistics are part of the End-of-Month reporting.

**MTD – Private – Same Day**

Total separations of private (including DVA) same day patients in the month of Header Record (or month-to-date).

**MTD – Compensable –Same Day**

Total separations of compensable same day patients in the month of Header Record (or month-to-date).

**MTD – Ineligible – Same Day**

Total separations of ineligible same day patients in the month of Header Record (or month-to-date).

**MTD – Public Under Contract – Same Day**

Total separations of public under contract same day patients in the month of Header Record (or month-to-date). Includes separations of patients treated under Funding Arrangement 7 Private Hospital Elective Surgery Initiative.

**Filler**

Spaces must be reported in this field (field not presently in use).

**Trailer Record 1: Public Hospitals File Structure**

Note	Data Item	Field Size	Record Position	Layout/Code Set
M	Transaction Type	2	1	T5
M	Hospital Code	3	3	NNN
	<b>Input Reconciliation</b>			
M, 2	Total Number of Records	5	6	NNNN
	<b>Episode Records</b>			
M, 2	New	4	11	NNNN
M, 2	Corrections	4	15	NNNN
M, 2	Deletions	4	19	NNNN
	<b>Diagnosis Records</b>			
M, 2	New	4	23	NNNN
M, 2	Corrections	4	27	NNNN
M, 2	Deletions	4	31	NNNN
	<b>DVA and TAC Records</b>			
M, 3	New	4	35	NNNN
M, 3	Corrections	4	39	NNNN
M, 3	Deletions	4	43	NNNN
	<b>Sub-Acute Records</b>			
M, 3	New	4	47	NNNN

Note	Data Item	Field Size	Record Position	Layout/Code Set
M, 3	Corrections	4	51	NNNN
M, 3	Deletions	4	55	NNNN
	<b>Palliative Records</b>			
M, 3	New	4	59	
M, 3	Corrections	4	63	
M, 3	Deletions	4	67	
	<b>Summary Statistics MTD</b>			
M, 2	Admissions (includes Statistical)	4	71	NNNN
M, 2	Separations (includes Statistical)	4	75	NNNN
M, 3	Statistical Separations	4	79	NNNN
M, 3	On Leave With or Without Permission at End Date	3	83	NNN
M, 2	Actual Remaining In at End Date	4	86	NNNN
M, 2	Patient Days	5	90	NNNNN
	<b>Summary Statistics Financial Year to Date</b>			
M, 2	Admissions (includes Statistical)	5	95	NNNNN
M, 2	Separations (includes Statistical)	5	100	NNNNN
M, 3	Statistical Separations	5	105	NNNNN
M, 2	Patient Days	6	110	NNNNNN
1, 3	<b>End-of-Month Statistics MTD</b>			
	<b>Public Hospitals only</b>			
	<b>Public-Acute</b>			
1, 3	Separations	4	116	NNNN or spaces
1, 3	Patient Days	5	120	NNNNN or spaces
	<b>Private-Acute</b>			
1, 3	Separations	4	125	NNNN or spaces
1, 3	Patient Days	5	129	NNNNN or spaces
	<b>Compensable- Acute</b>			
1, 3	Separations	4	134	NNNN or spaces
1, 3	Patient days	5	138	NNNNN or spaces
	<b>Ineligible – Acute</b>			
1, 3	Separations	4	143	NNNN or spaces
1, 3	Patient days	5	147	NNNNN or spaces
	<b>Public - NHT NH5</b>			
1, 3	Separations	4	152	NNNN or spaces
1, 3	Patient days	5	156	NNNNN or spaces
	<b>Public-NHT Non NH5</b>			
1, 3	Separations	4	161	NNNN or spaces
1, 3	Patient days	5	165	NNNNN or spaces
	<b>Private - NHT NH5</b>			
1, 3	Separations	4	170	NNNN or spaces
1, 3	Patient days	5	174	NNNNN or spaces
	<b>Private-NHT Non NH5</b>			
1, 3	Separations	4	179	NNNN or spaces
1, 3	Patient days	5	183	NNNNN or spaces
	<b>Compensable-Non-Acute</b>			
1, 3	Separations	4	188	NNNN or spaces
1, 3	Patient days	5	192	NNNNN or spaces



Note	Data Item	Field Size	Record Position	Layout/Code Set
	<b>Ineligible-Non-Acute</b>			
1, 3	Separations	4	197	NNNN or spaces
1, 3	Patient days	5	201	NNNNN or spaces
	<b>Same Day Separations</b>			
1, 3	Public - Same Day	4	206	NNNN or spaces
1, 3	Private – Same Day	4	210	NNNN or spaces
1, 3	Compensable - Same Day	4	214	NNNN or spaces
1, 3	Ineligible - Same Day	4	218	NNNN or spaces
	<b>Unqualified newborns</b>			
1, 3	Number of Entirely Unqualified Episodes	3	222	NNN or spaces
1, 3	Number of Unqualified Days	4	225	NNNN or spaces
	<b>Posthumous Organ Procurement</b>			
2	Separations	2	229	NN or spaces
2	Patient Days	3	231	NNN or spaces
	Filler	7	234	Spaces
<b>Total</b>		240		

All numeric fields must be right justified and zero-filled.

M Mandatory

1 Mandatory in submissions with End-of-Month file date

2 Includes counts of Separations and Patient Days for Posthumous Organ Procurement episodes (Care Type 10)

3 Excludes counts of Separations and Patient Days for Posthumous Organ Procurement episodes (Care Type 10)

### Reporting guide

#### Data Items

#### Transaction Type

The value identifying this Trailer Record is 'T5'.

#### Hospital Code

The recognised Hospital Code for the submitting hospital (NNN).

### INPUT RECONCILIATION

#### Total Number of Records

Total number of Records in this submission file, that is total of the following twelve fields.

#### Episode Records – New

Total number of new Episode Records (E5) & Extra Episode Records (J5) in this file.

#### Episode Records – Corrections

Total number of Episode Record (E5) and Extra Episode Record (J5) corrections and updates in this submission file.

#### Episode Records – Deletions

Total number of Episode Record (E5) deletions in this submission file.

**Diagnosis Records – New**

Total number of new Diagnosis Records (X5) and Extra Diagnosis Records (Y5) in this submission file.

**Diagnosis Records – Corrections**

Total number of Diagnosis Record (X5) and Extra Diagnosis Record (Y5) corrections and updates in this submission file.

**Diagnosis Records – Deletions**

Total number of Diagnosis Record (X5) and Extra Diagnosis Record (Y5) deletions in this submission file.

**DVA and TAC Records – New**

Total number of new DVA and TAC Records (V5) in this submission file.

**DVA and TAC Records – Corrections**

Total number of DVA and TAC Record (V5) corrections and updates in this submission file.

**DVA and TAC Records – Deletions**

Total number of DVA and TAC Record (V5) deletions in this submission file.

**Sub-Acute Records – New**

Total number of new Sub-Acute Records (S5) in this submission file.

**Sub-Acute Records – Corrections**

Total number of Sub-Acute Record (S5) corrections and updates in this submission file.

**Sub-Acute Records – Deletions**

Total number of Sub-Acute Record (S5) deletions in this submission file.

**Palliative Records – New**

Total number of Palliative Records (P5) in this submission file

**Palliative Records – Corrections**

Total number of Palliative Record (P5) corrections in this submission file

**Palliative Records – Deletions**

Total number of Palliative Record (P5) deletions in this submission file

**SUMMARY STATISTICS MONTH-TO-DATE**

Summary Statistics MTD includes all episodes, including episodes for qualified *and* unqualified newborns and posthumous organ procurement. Patient day counts include all patient days, including qualified and unqualified days and days for posthumous organ procurement episodes.

**MTD – Admissions**

Total admissions in the month of Header Record (or month-to-date): both formal and statistical, both same day and overnight, including both qualified and unqualified newborns and posthumous organ procurement.

**MTD – Separations**

Total separations in the month of Header Record (or month-to-date): both formal and statistical, both same day and overnight, including both qualified and unqualified newborns and posthumous organ procurement.

**MTD – Statistical Separations**

Total *statistical* separations in the month of Header Record (or month-to-date), both same day and overnight. These have also been included in Separations (previous field). Excludes all newborns, for whom there can be no Statistical Separations and posthumous organ procurement episodes posthumous organ procurement

**On Leave With or Without Permission at End Date**

Total admitted patients who are on leave with or without permission at the Header Record.

**Actual Remaining In at End Date**

Total admitted patients who remain as admitted patients at Header Record End Date (that is, not separated and not on leave [with or without permission]) including qualified and unqualified newborns and posthumous organ procurement. The VAED processor calculated total includes patients on leave with or without permission but the Trailer Record total should not.

**MTD – Patient Days**

Total patient days in the month of Header Record (or month-to-date). Includes patient days incurred by same day patients and days during which newborns were qualified and unqualified and posthumous organ procurement episodes.

**SUMMARY STATISTICS FINANCIAL YEAR-TO-DATE**

Summary Statistics YTD relate to episodes that will be funded by the department; this includes episodes for qualified and unqualified newborns. Patient day counts include all patient days, including qualified and unqualified days.

**Financial YTD – Admissions**

Total admissions in the financial year of Header Record: both formal and statistical, both same day and overnight, including both qualified and unqualified newborns and posthumous organ procurement.

**Financial YTD – Separations**

Total separations in the financial year of Header Record: both formal and statistical, both same day and overnight, including both qualified and unqualified newborns and posthumous organ procurement.

**Financial YTD – Statistical Separations**

Total statistical separations in the financial year of Header Record, both same day and overnight. These have also been included in Separations (previous field). Excludes all newborns, qualified or unqualified, for whom there can be no Statistical Separations and posthumous organ procurement episodes for which there can be no Statistical Separations.

**Financial YTD – Patient Days**

Total patient days in the financial year of Header Record. Includes patient days incurred by same day patients and posthumous organ procurement episodes and days during which newborns were qualified and unqualified.

**END OF MONTH STATISTICS MONTH-TO-DATE**

Mandatory in submissions with an End-of-Month file date. Optional for other submissions. If not submitting End-of-Month data, submit spaces.

End-of-Month Statistics relate to figures to be reported by the department to the Commonwealth and therefore must meet Commonwealth definitions.

- Entire episodes during which a newborn was unqualified are not reported to the Commonwealth and are therefore to be reported only on the line Unqualified Newborns.
- If an episode of a qualified newborn includes any days when the newborn was unqualified, those unqualified days are also to be reported only on the line Unqualified Newborns.

Newborn episodes are unlikely to occur in some of the Account Classes.

Excludes Posthumous Organ Procurement episodes and days: report these in Posthumous Organ Procurement fields (below)

**MTD – Public – Acute – Separations**

Total separations of public acute patients (including under contract) in the month of Header Record (or month-to-date): both formal and statistical, both same day and overnight. Includes separations of newborns qualified for all or part of the episode.

**MTD – Public – Acute – Patient Days**

Total public acute (including under contract) patient days in the month of Header Record (or month-to-date). Includes patient days incurred by same day patients. Includes patient days during which newborns were qualified.

**MTD – Private – Acute – Separations**

Total separations of private acute patients (including DVA acute patients, and public and DVA patients under contract) in the month of Header Record (or month-to-date): both formal and statistical, both same day and overnight. Includes separations of newborns qualified for all or part of the episode.

**MTD – Private – Acute – Patient Days**

Total private acute (including DVA acute, and public and DVA under contract) patient days in the month of Header Record (or month-to-date). Includes patient days incurred by same day patients. Includes patient days during which newborns were qualified.

**MTD – Compensable – Acute – Separations**

Total separations of compensable acute patients in the month of Header Record (or month-to-date): both formal and statistical, both same day and overnight.

**MTD – Compensable – Acute – Patient Days**

Total compensable acute patient days in the month of Header Record (or month-to-date). Includes patient days incurred by same day patients.

**MTD – Ineligible – Acute – Separations**

Total separations of ineligible acute patients in the month of Header Record (or month-to-date): both formal and statistical, both same day and overnight. Includes separations of newborns qualified for all or part of the episode.

**MTD – Ineligible – Acute – Patient Days**

Total ineligible acute patient days in the month of Header Record (or month-to-date). Includes patient days incurred by same day patients. Includes patient days during which newborns were qualified.

**MTD – Public – NHT NH5 – Separations**

Total separations of public NHT NH5 patients in the month of Header Record (or month-to-date): both formal and statistical, both same day and overnight.

**MTD – Public – NHT NH5 – Patient Days**

Total public NHT NH5 patient days in the month of Header Record (or month-to-date). Includes patient days incurred by same day patients.

**MTD – Public – NHT Non NH5 – Separations**

Total separations of public NHT non NH5 patients in the month of Header Record (or month-to-date): both formal and statistical, both same day and overnight.

**MTD – Public – NHT Non NH5 – Patient Days**

Total public NHT non NH5 patient days in the month of Header Record (or month-to-date). Includes patient days incurred by same day patients.

**MTD – Private – NHT NH5 – Separations**

Total separations of private NHT NH5 patients (including DVA NHT NH5 patients) in the month of Header Record (or month-to-date): both formal and statistical, both same day and overnight.

**MTD – Private – NHT NH5 – Patient Days**

Total private NHT NH5 (including DVA NHT NH5) patient days in the month of Header Record (or month-to-date). Includes patient days incurred by same day patients.

**MTD – Private – NHT Non NH5 – Separations**

Total separations of private NHT non NH5 patients (including DVA NHT non NH5 patients) in the month of Header Record (or month-to-date): both formal and statistical, both same day and overnight.

**MTD – Private – NHT Non NH5 – Patient Days**

Total private NHT non NH5 (including DVA NHT non NH5) patient days in the month of Header Record (or month-to-date). Includes patient days incurred by same day patients.

**MTD – Compensable – Non-Acute – Separations**

Total separations of compensable non-acute patients in the month of Header Record (or month-to-date): both formal and statistical, both same day and overnight.

**MTD – Compensable – Non-Acute – Patient Days**

Total compensable non-acute patient days in the month of Header Record End Date (or month-to-date). Includes patient days incurred by same day patients.

**MTD – Ineligible – Non-Acute – Separations**

Total separations of ineligible non-acute patients in the month of Header Record (or month-to-date): both formal and statistical, both same day and overnight.

**MTD – Ineligible – Non-Acute – Patient Days**

Total ineligible non-acute patient days in the month of Header Record (or month-to-date). Includes patient days incurred by same day patients.

**SAME DAY SEPARATIONS**

Separations counted in the following *Same Day* fields should also have been included in the End-of-Month Separations field of the respective account category, as listed above. Same Day statistics are part of the End-of-Month reporting.

Excludes Posthumous Organ Procurement episodes and days: report these in Posthumous Organ Procurement fields (below)

**MTD – Public – Same Day**

Total separations of public same day patients (including under contract) in the month of Header Record (or month-to-date). Includes same day separations of qualified newborns.

**MTD – Private – Same Day**

Total separations of private same day patients (including DVA, and private and DVA same day patients under contract) in the month of Header Record (or month-to-date). Includes same day separations of qualified newborns.

**MTD – Compensable – Same Day**

Total separations of compensable same day patients in the month of Header Record (or month-to-date).

**MTD – Ineligible – Same Day**

Total separations of ineligible same day patients in the month of Header Record (or month-to-date). Includes same day separations of qualified newborns.

**UNQUALIFIED EPISODES AND DAYS**

These figures account for the unqualified episodes and unqualified days omitted from the End-of-Month figures but included in the Summary Statistics.

**Number of Entirely Unqualified Episodes**

Total number of unqualified newborn episodes in month of Header Record (or month-to-date) where, for the entire duration of the stay, the newborn was classed as Unqualified.

**Number of Unqualified Days**

Total number of unqualified newborn days in the month of Header Record (or month-to-date). Includes unqualified newborn days in episodes where newborn is 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.

**POSTHUMOUS ORGAN PROCUREMENT EPISODES**

Separations and Patient Days for episodes reported with Care Type 10 Posthumous Organ Procurement only.

**Posthumous Organ Procurement Separations**

Total separations of episodes with Care Type 10 Posthumous Organ Procurement in the month of Header Record (or month-to-date)

**Posthumous Organ Procurement – Patient Days**

Total patient days for episodes with Care Type 10 Posthumous Organ Procurement in the month of Header Record (or month-to-date)

**Filler**

Spaces must be reported in this field (field not presently in use).

## Trailer Record 2: Private Hospitals and Day Procedure Centres File Structure

Note	Data Item	Field Size	Record Position	Layout/Code Set
M	Transaction Type	2	1	U5
M	Hospital Code	3	3	NNN
1	End-of-Month Statistics YTD and Total Patient days: Private Hospitals, Day Procedure Centres Only			
	<b>Private - Acute</b>			
1	YTD Separations	5	6	NNNNN or spaces
1	YTD Patient Days	6	11	NNNNNN or spaces
1	Total Patient Days for YTD Separations	6	17	NNNNNN or spaces
	<b>Private - NHT</b>			
1	YTD Separations	5	23	NNNNN or spaces
1	YTD Patient Days	6	28	NNNNNN or spaces
1	Total Patient Days for YTD Separations	6	34	NNNNNN or spaces
	<b>Compensable</b>			
1	YTD Separations	5	40	NNNNN or spaces
1	YTD Patient Days	6	45	NNNNNN or spaces
1	Total Patient Days for YTD Separations	6	51	NNNNNN or spaces
	<b>Ineligible</b>			
1	YTD Separations	5	57	NNNNN or spaces
1	YTD Patient Days	6	62	NNNNNN or spaces
1	Total Patient Days for YTD Separations	6	68	NNNNNN or spaces
	<b>Public - Under Contract</b>			
1	YTD Separations	5	74	NNNNN or spaces
1	YTD Patient Days	6	79	NNNNNN or spaces
1	Total Patient Days for YTD Separations	6	85	NNNNNN or spaces
	<b>Same Day Separations</b>			
1	YTD Private - Same Day	5	91	NNNNN or spaces
1	YTD Compensable - Same Day	5	96	NNNNN or spaces
1	YTD Ineligible - Same Day	5	101	NNNNN or spaces
1	YTD Public - Under Contract -Same Day	5	106	NNNNN or spaces
	Filler	130	111	Zeros or spaces
<b>Total</b>		<b>240</b>		

All numeric fields must be right justified and zero-filled.

M Mandatory

1 Mandatory in submissions with End-of-Month file date

**Reporting guide**    **Data Items**  
**Transaction Type**  
The value identifying this trailer record is 'U5'.

**Hospital Code**  
The recognised Hospital Code for the submitting hospital (NNN).

## **END OF MONTH FINANCIAL YEAR-TO-DATE, AND TOTAL PATIENT DAYS STATISTICS**

Optional. If not submitting this data, submit spaces.

### **Private – Acute – YTD Separations**

Total separations of private acute patients (including DVA acute patients) in the financial year of Header Record (or year-to-date): formal and statistical, same day & overnight.

### **Private – Acute – YTD Patient Days**

Total private acute (including DVA acute) patient days in the financial year of Header Record (or financial year-to-date). Includes patient days incurred by same day patients.

### **Private – Acute – Total Patient Days for YTD Separations**

Total private acute (including DVA acute) patient days for separations in the financial year of the Header Record (or financial year-to-date). Includes same day.

### **Private – NHT – YTD Separations**

Total separations of private NHT patients (including DVA NHT patients) in the financial year of Header Record (or financial year-to-date): formal and statistical, same day & overnight.

### **Private – NHT – YTD Patient Days**

Total private NHT (including DVA NHT) patient days in the financial year of Header Record (or financial year-to-date). Includes patient days incurred by same day patients.

### **Private – NHT – Total Patient Days for YTD Separations**

Total private NHT (including DVA NHT) patient days for separations in the financial year of the Header Record (or financial year-to-date). Includes same day.

### **Compensable – YTD Separations**

Total separations of compensable patients in the financial year of Header Record (or financial year-to-date): formal and statistical, same day and overnight.

### **Compensable – YTD Patient Days**

Total compensable patient days in the financial year of Header Record (or financial year-to-date). Includes same day.

### **Compensable – Total Patient Days for YTD Separations**

Total compensable patient days for separations in the financial year of the Header Record (or financial year-to-date). Includes same day.

### **Ineligible – YTD Separations**

Total separations of ineligible patients in the financial year of Header Record End Date (or financial year-to-date): both formal and statistical, both same day and overnight.

### **Ineligible – YTD Patient Days**

Total ineligible patient days in the financial year of Header Record (or financial year-to-date). Includes same day

### **Ineligible – Total Patient Days for YTD Separations**

Total ineligible patient days for separations in the financial year of the Header Record (or financial year-to-date). Includes same day.



**Public – Under Contract – YTD Separations**

Total separations of public patients under contract in the financial year of Header Record (or financial year-to-date): formal and statistical, same day and overnight. Includes separations of public patients treated under Funding Arrangement 7 *Private Hospital Elective Surgery Initiative*.

**Public – Under Contract – YTD Patient Days**

Total public under contract patient days in the financial year of Header Record (or financial year-to-date). Includes same day. Includes patient days incurred by public same day patients treated under Funding Arrangement 7 *Private Hospital Elective Surgery Initiative*.

**Public – Under Contract – Total Patient Days for YTD Separations**

Total public under contract patient days for separations in the financial year of the Header Record (or financial year-to-date). Includes same day. Includes patient days incurred by public same day patients treated under Funding Arrangement 7 *Private Hospital Elective Surgery Initiative*.

**SAME DAY SEPARATIONS**

Separations counted in the following *Same Day* fields should have also been included in the Separations field for the respective account category, as listed above.

**YTD – Private – Same Day**

Total separations of private (including DVA) same day patients in the financial year of Header Record (or month-to-date).

**YTD – Compensable – Same Day**

Total separations of compensable same day patients in the financial year of Header Record (or month-to-date).

**YTD – Ineligible – Same Day**

Total separations of ineligible same day patients in the financial year of Header Record (or month-to-date).

**YTD – Public Under Contract – Same Day**

Total separations of public under contract same day patients in the financial year of Header Record (or month-to-date). Includes public same day patients treated under Funding Arrangement 7 *Private Hospital Elective Surgery Initiative*.

**Filler**

Spaces must be reported in this field (field not presently in use).

## Trailer Record 2: Public Hospitals File Structure

Note	Data Item	Field Size	Record Position	Layout/Code Set
M	Transaction Type	2	1	U5
M	Hospital Code	3	3	NNN
1, 3	End-of-Month Statistics YTD and Total Patient days: Public Hospitals Only			
	<b>Public – Acute</b>			
1, 3	YTD Separations	5	6	NNNNN or spaces
1, 3	YTD Patient Days	6	11	NNNNNN or spaces
1, 3	Total Patient Days for YTD Separations	6	17	NNNNNN or spaces
	<b>Private - Acute</b>			
1, 3	YTD Separations	5	23	NNNNN or spaces
1, 3	YTD Patient Days	6	28	NNNNNN or spaces
1, 3	Total Patient Days for YTD Separations	6	34	NNNNNN or spaces
	<b>Compensable - Acute</b>			
1, 3	YTD Separations	5	40	NNNNN or spaces
1, 3	YTD Patient Days	6	45	NNNNNN or spaces
1, 3	Total Patient Days for YTD Separations	6	51	NNNNNN or spaces
	<b>Ineligible - Acute</b>			
1, 3	YTD Separations	5	57	NNNN or spaces
1, 3	YTD Patient Days	6	62	NNNNNN or spaces
1, 3	Total Patient Days for YTD Separations	6	68	NNNNNN or spaces
	<b>Public — NHT NH5</b>			
1, 3	YTD Separations	5	74	NNNNN or spaces
1, 3	YTD Patient Days	6	79	NNNNNN or spaces
1, 3	Total Patient Days for YTD Separations	6	85	NNNNNN or spaces
	<b>Public — NHT Non NH5</b>			
1, 3	YTD Separations	5	91	NNNNN or spaces
1, 3	YTD Patient Days	6	96	NNNNNN or spaces
1, 3	Total Patient Days for YTD Separations	6	102	NNNNNN or spaces
	<b>Private — NHT NH5</b>			
1, 3	YTD Separations	5	108	NNNNN or spaces
1, 3	YTD Patient Days	6	113	NNNNNN or spaces
1, 3	Total Patient Days for YTD Separations	6	119	NNNNNN or spaces
	<b>Private — NHT Non NH5</b>			
1, 3	YTD Separations	5	125	NNNNN or spaces
1, 3	YTD Patient Days	6	130	NNNNNN or spaces
1, 3	Total Patient Days for YTD Separations	6	136	NNNNNN or spaces
	<b>Compensable — Non-Acute</b>			
1, 3	YTD Separations	5	142	NNNNN or spaces
1, 3	YTD Patient Days	6	147	NNNNNN or spaces
1, 3	Total Patient Days for YTD Separations	6	153	NNNNNN or spaces
	<b>Ineligible — Non-Acute</b>			
1, 3	YTD Separations	5	159	NNNNN or spaces
1, 3	YTD Patient Days	6	164	NNNNNN or spaces
1, 3	Total Patient Days for YTD Separations	6	170	NNNNNN or spaces
	<b>Same Day Separations</b>			
1, 3	YTD Public — Same Day	5	176	NNNNN or spaces

Note	Data Item	Field Size	Record Position	Layout/Code Set
1, 3	YTD Private — Same Day	5	181	NNNNN or spaces
1, 3	YTD Compensable — Same Day	5	186	NNNNN or spaces
1, 3	YTD Ineligible — Same Day	5	191	NNNNN or spaces
	<b>Unqualified Newborns</b>			
1, 3	Number of Entirely Unqualified Episodes	4	196	NNNN or spaces
1, 3	Number of Unqualified Days	5	200	NNNNN or spaces
	<b>Posthumous Organ Procurement</b>			
	YTD Separations	4	205	NNNN or spaces
	YTD Patient Days	5	209	NNNNNN or spaces
	Total Patient Days for YTD Separations	5	214	NNNNNN or spaces
	Filler	22	219	Spaces
<b>Total</b>		240		

All numeric fields must be right justified and zero-filled.

M Mandatory

1 Mandatory in submissions with End-of-Month file date

**Reporting Data Items**  
**guide Transaction Type**

The value identifying this trailer record is 'U5'.

**Hospital Code**

The recognised Hospital Code for the submitting hospital (NNN).

**END OF MONTH FINANCIAL YEAR-TO-DATE, AND TOTAL PATIENT DAYS STATISTICS**

Optional. If not submitting this data, report spaces.

End-of-Month Statistics relate to figures to be reported by the department to the Commonwealth and therefore must meet Commonwealth definitions.

- Entire episodes during which a newborn was unqualified are not reported to the Commonwealth and are therefore to be reported only on the line Unqualified Newborns.
- If an episode of a qualified newborn includes any days when the newborn was unqualified, those unqualified days are also to be reported *only* on the line Unqualified Newborns.
- Entirely unqualified episodes and unqualified bed days are however, reported in separate fields at the conclusion of the U5, to allow U5 figures to be reconciled with those in Summary Statistics MTD, YTD segments of the T5.
- Newborn episodes are unlikely to occur in some of the Account Classes.

Excludes Posthumous Organ Procurement episodes and days: Report these in Posthumous Organ Procurement fields (below)

**Public – Acute – YTD Separations**

Total separations of public acute patients (including under contract) in the financial year of Header Record (or financial year-to-date): both formal and statistical, both same day and overnight. Includes separations of newborns qualified for all or part of the episode.

**Public – Acute – YTD Patient Days**

Total public acute (including under contract) patient days in the financial year of Header Record (or financial year-to-date). Includes same day. Includes patient days during which newborns were qualified.

**Public – Acute – Total Patient Days for YTD Separations**

Total public acute (including public under contract) patient days for separations in the financial year of the Header Record (or financial year-to-date). Includes same day. Includes patient days during which newborns separated YTD were qualified.

**Private – Acute – YTD Separations**

Total separations of private acute patients (including DVA acute patients, and private and DVA patients under contract) in the financial year of Header Record (or financial year-to-date): formal and statistical, same day and overnight. Includes separations of newborns qualified for all or part of the episode.

**Private – Acute – YTD Patient Days**

Total private acute (including DVA acute, and private and DVA under contract) patient days in the financial year of Header Record (or financial year-to-date). Includes same day. Includes patient days during which newborns were qualified.

**Private – Acute – Total Patient Days for YTD – Separations**

Total private acute (including DVA acute, and private and DVA under contract) patient days for separations in the financial year of the Header Record (or financial year-to-date). Includes same day. Includes patient days during which newborns separated YTD were qualified.

**Compensable – Acute – YTD Separations**

Total separations of compensable acute patients in the financial year of Header Record (or financial year-to-date): both formal and statistical, both same day and overnight.

**Compensable – YTD Acute Patient Days**

Total compensable acute patient days in the financial year of Header Record (or financial year-to-date). Includes same day.

**Compensable – Acute – Total Patient Days for YTD Separations**

Total compensable acute patient days for separations in the financial year of the Header Record (or financial year-to-date). Includes same day.

**Ineligible – Acute – YTD Separations**

Total separations of ineligible acute patients in the financial year of Header Record End Date (or financial year-to-date): both formal and statistical, both same day and overnight. Includes separations of newborns qualified for all or part of the episode.

**Ineligible – Acute – YTD Patient Days**

Total ineligible acute patient days in the financial year of Header Record (or financial year-to-date). Includes same day. Includes patient days during which newborns were qualified.

**Ineligible – Acute – Total Patient Days for YTD Separations**

Total ineligible acute patient days for separations in the financial year of the Header Record (or financial year-to-date). Includes same day. Includes patient days during which newborns separated YTD were qualified.

**YTD – Public – NHT NH5 – Separations**

Total separations of public NHT NH5 patients in the financial year of Header Record (or financial year-to-date): formal and statistical, same day and overnight.

**YTD – Public – NHT NH5 – Patient Days**

Total public NHT NH5 patient days in the financial year of Header Record (or financial year-to-date). Includes same day.

**Public – NHT NH5 – Total Patient Days For YTD Separations**

Total public NHT NH5 patient days for separations in the financial year of the Header Record (or financial year-to-date). Includes same day.

**YTD – Public – NHT Non NH5 – Separations**

Total separations of public NHT non NH5 patients in the financial year of Header Record (or financial year-to-date): formal and statistical, same day and overnight.

**YTD – Public – NHT Non NH5 – Patient Days**

Total public NHT non NH5 patient days in the financial year of Header Record (or financial year-to-date). Includes same day.

**Public – NHT Non NH5 – Total Patient Days For YTD Separations**

Total public NHT non NH5 patient days for separations in the financial year of the Header Record (or financial year-to-date). Includes same day.

**Private – NHT NH5 – YTD Separations**

Total separations of private NHT NH5 patients (including DVA NHT NH5 patients) in the financial year of Header Record (or financial year-to-date): formal and statistical, same day and overnight.

**Private – NHT NH5 – YTD Patient Days**

Total private NHT NH5 (including DVA NHT NH5) patient days in the financial year of Header Record (or financial year-to-date). Includes same day.

**Private – NHT NH5 – Total Patient Days For YTD Separations**

Total private NHT NH5 (including DVA NHT NH5) patient days for separations in the financial year of the Header Record (or financial year-to-date). Includes same day.

**Private – NHT Non NH5 – YTD Separations**

Total separations of private NHT non NH5 patients (including DVA NHT non NH5 patients) in the financial year of Header Record (or financial year-to-date): formal and statistical, same day and overnight.

**Private – NHT Non NH5 – YTD Patient Days**

Total private NHT non NH5 (including DVA NHT non NH5) patient days in the financial year of Header Record (or financial year-to-date). Includes same day.

**Private – NHT Non NH5 – Total Patient Days For YTD Separations**

Total private NHT non NH5 (including DVA NHT non NH5) patient days for separations in the financial year of the Header Record (or financial year-to-date). Includes same day.

**Compensable – Non-Acute – YTD Separations**

Total separations of compensable non-acute patients in the financial year of Header Record (or financial year-to-date): formal and statistical, same day and overnight.

**Compensable – Non-Acute – YTD Patient Days**

Total compensable non-acute patient days in the financial year of Header Record (or financial year-to-date). Includes same day.

**Compensable – Non-Acute – Total Patient Days For YTD Separations**

Total compensable non-acute patient days for separations in the financial year of the Header Record (or financial year-to-date). Includes same day.

**Ineligible – Non-Acute – YTD Separations**

Total separations of ineligible non-acute patients in the financial year of Header Record (or financial year-to-date): formal and statistical, same day and overnight.

**Ineligible – Non-Acute – YTD Patient Days**

Total ineligible non-acute patient days in the financial year of Header Record (or financial year-to-date). Includes same day.

**Ineligible – Non-Acute – Total Patient Days For YTD Separations**

Total ineligible non-acute patient days for separations in the financial year of the Header Record (or financial year-to-date). Includes same day.

## **SAME DAY SEPARATIONS**

Separations counted in the following Same Day fields are also to be included in the End-of-Month Separations field of the respective account category, as listed above. (Follow the same logic when counting same day newborn episodes and patient days, as applied when counting Year-To-Date newborn episodes)

Excludes Posthumous Organ Procurement episodes and days: Report these in Posthumous Organ Procurement fields (below)

### **YTD – Public – Same Day**

Total separations of public same day patients (including public same day patients under contract) in the financial year of Header Record. Includes same day separations of qualified newborns.

### **YTD – Private – Same Day**

Total separations of private same day patients (including DVA, and private and DVA same day patients under contract) in the financial year of Header Record. Includes same day separations of qualified newborns.

### **YTD – Compensable – Same Day**

Total separations of compensable same day patients in the financial year of Header Record.

### **YTD – Ineligible – Same Day**

Total separations of ineligible same day patients in the financial year of Header Record. Includes same day separations of qualified newborns.

## **UNQUALIFIED EPISODES AND DAYS**

These figures account for the unqualified episodes and unqualified days omitted from the End-of-Month figures but included in the Summary Statistics in Trailer Record 1.

Excludes Posthumous Organ Procurement episodes and days: Report these in Posthumous Organ Procurement fields (below)

### **Number of Entirely Unqualified Episodes**

Total number of Unqualified newborn episodes in the financial year of Header Record where, for the entire duration of the stay, the newborn was classed as Unqualified.

### **Number of Unqualified Days**

Total number of Unqualified newborn days in the financial year of Header Record. Includes Unqualified newborn days in episodes where newborn is 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.

## **POSTHUMOUS ORGAN PROCUREMENT EPISODES**

Separations and Patient Days for episodes with Care Type 10 Posthumous Organ Procurement only

### **Posthumous Organ Procurement – YTD Separations**

Total Posthumous Organ Procurement (Care Type 10) separations in the financial year of the Header Record (or financial year-to-date): Includes same day and overnight.

### **Posthumous Organ Procurement – YTD Patient Days**

Total Posthumous Organ Procurement (Care Type 10) patient days in the financial year of the Header Record (or financial year-to-date): Includes same day and overnight episodes.

### **Posthumous Organ Procurement – Total Patient Days for YTD Separations**

Total Posthumous Organ Procurement (Care Type 10) patient days for separations in the financial year of the Header Record (or financial year-to-date): Includes both same day and overnight episodes.

### **Filler**

Spaces must be reported in this field (field not presently in use).

# Submission

VAED data files must be submitted via the Managed File Transfer (MFT) application.

Data must be submitted in ASCII CR/LF delimited files generated by hospital management systems.

## Data submission timeline

All Victorian hospitals are required to submit data to the VAED at least monthly.

### Public hospitals – data submission timeline for 2018–19

2018–19	Timeline
Admission and separation details for the month (E5, J5 and V5 records)	Must be submitted by 5.00pm on the 10th day of the following month
Diagnosis and procedure, sub-acute and palliative details (X5, Y5, S5 and P5 records)	Must be submitted by 5.00pm on the 10th day of the second month following separation
Data for the 2018–19 financial year	Must be submitted by 5.00pm on 10 August 2019
Final corrections to data for 2018–19	Must be submitted by 5.00pm on the date advised in the <i>Department of Health and Human Services policy and funding guidelines 2018-19</i> .

Where public health services are noncompliant with the timelines specified above, penalties may apply. Refer to the *Department of Health and Human Services policy and funding guidelines 2018-19*.

### Private hospitals – data submission timeline for 2018–19

2018–19	Timeline
Admission and separation details for the month (E5 records) and diagnosis and procedure details (X5 and Y5 records)	Must be submitted by the 17th day of the following month
Final corrections to data for 2018–19	Must be submitted by 5.00pm on the date advised in the <i>Department of Health and Human Services policy and funding guidelines 2018-19</i> .

It is a condition of registration that private hospitals and registered day procedure centres submit data to the VAED monthly, as set out in the *Health Services (Private Hospitals and Day Procedure Centres) Regulations 2013*.

### VAED monthly file consolidation

At the department the VAED data for each hospital is updated after the 10th day of each month.

### VAED annual file consolidation

The department creates an annual consolidated file of the VAED by combining data from all contributing hospitals. Once the consolidated file has been locked, the file is not amended or updated, thus maintaining the integrity of reports and datasets released for analysis. The department maintains separate notes on any significant data anomalies identified in the locked file.

## Managed File Transfer

- VAED data files must be submitted via the Managed File Transfer (MFT) application.
- Accounts are required for each individual submitting VAED and retrieving reports for health services.
- Password expiry is enforced for all logins.

## Submission file naming convention

The submission file must be renamed to PRS2 (or PRS2TEST for test files) in the site's home directory – ohcxNNf where xNN is the PRS2 submission code (such as Z99).

## System requirements

The MFT system can be utilised in today's most popular browsers:

Firefox - latest and previous version

Internet Explorer 8, 9, 10 or 11

Chrome - latest version

Safari 5 or 7

Please note that Cookies and JavaScript must be enabled in the browser.

## Connection information

The URLs for access to the environments are:

**Managed File Transfer:** Connect to the Managed File Transfer (MFT) application to send your data file and retrieve your electronic reports.

<https://prs2-mft.prod.services>

**Self Service Password Reset:** Access the Self Service Password Reset (SSPR) to reset your password at initial use and then on password expiry.

<https://ehvfimpwdreset.prod.services>

## Requesting a login

To request a login:

- Send an email to [HDSS.helpdesk@dhhs.vic.gov.au](mailto:HDSS.helpdesk@dhhs.vic.gov.au)
- Provide the following information for the person/s who sends VAED files or retrieves VAED reports:
  - First and last name
  - Email address
  - Day and month of birth
  - Campus code and campus name

Your user account will be created and your login details emailed to you.

Set your password using the instruction provided with your login details

## Support

The HDSS helpdesk has access to the technical support team at HTS, and can request assistance on behalf of health services who experience any difficulties setting up their accounts. Note that any queries relating to your service's internal network and firewall configuration must be directed to IT support within your organisation

The HDSS helpdesk can be contacted at: [HDSS.helpdesk@dhhs.vic.gov.au](mailto:HDSS.helpdesk@dhhs.vic.gov.au)



## Uploading a submission file

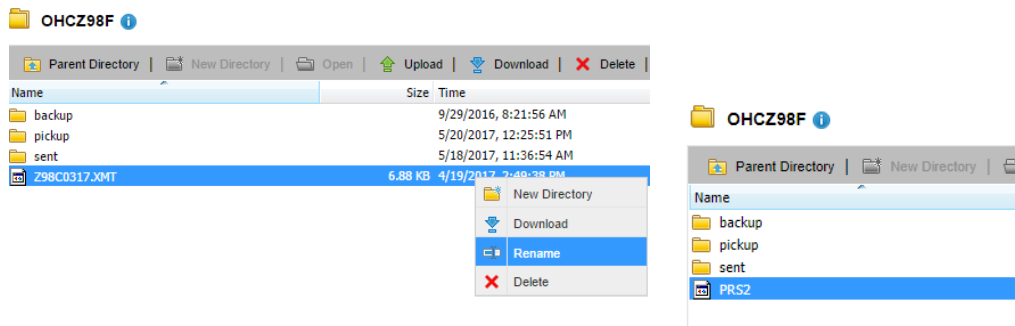
On connecting to the MFT application you will see a folder called **OHCXNNF** where **XNN** is the hospital's PRS2 code (such as Z98). To be in the HOME directory/folder for your site you **must** always double click on this folder.

For users with access to multiple data collections and/or multiple sites, select the correct folder.

All VAED data files must be uploaded into the site's HOME directory. Use the **Upload** option to submit the file. The file is identified from your local drive/directory, highlighted and selected using the Open option and then uploaded.

Right click on your file and select Rename to change file name to PRS2

Delete the file extension (such as .xmt or .txt) or the file will not be processed.



**Note:** The \sent and \backup folders are system folders and must not be accessed by users.

## Collecting reports

After the file has processed your validation report file will be available for you to download in the **\pickup** folder. Select the **Download** option and **save** the report file to your local drive.

# Data extracts

## Manipulation of data extracts

The department does not approve manipulation of data extracts (for example using Microsoft Excel, Notepad or any other data manipulation tool) leading to changes in data values before the data is submitted.

It is expected that health services' contractual arrangements with software vendors require vendors to provide software that allows health services to meet their statutory reporting requirements. When negotiating contracts with software vendors, health services are strongly advised to consider the impact of data quality and timeliness penalties that can apply if the vendor fails to deliver software that meets statutory reporting requirements.

The software provided must deliver an extract in the format documented in this manual. Software vendors and health services should work together to ensure that when 'validations' are triggered in a submission, corrections can be made in the health service's relevant operational database.

Any 'corrections' made to the extract but not reflected in the health service's operational database may cause inconsistencies between data held by the department and the health service, and impact on data quality. An audit requirement exists that data received by the department is an accurate reflection of the health service's medico-legal system of record.

## Responsibilities: Health Service

When faulty or inadequate reporting software prevents the health service meeting its reporting obligations, the health service should notify its software vendor immediately so the problem can be addressed as a high priority issue. The health service should also immediately notify the HDSS help desk in writing and describe:

- the exact problem, including the affected data fields
- the plan between the health service and software vendor, and the anticipated timeframe, for the resolution of the situation

If the problem is not resolved by the agreed timeframe, the health service must again contact the department and inform of progress.

The department monitors and records such incidences. Penalties due to lack of data quality or timeliness can apply if the health service does not comply with these provisions.

## Responsibilities: Department of Health and Human Services

Occasionally a health service may request that the department make a manual adjustment in order to address a specific data quality issue. The department will only consider this when:

- all other avenues have been exhausted
- the health service requests the change in writing via the HDSS help desk, confirming that it has made the change to its own data (or indicating that this is not possible)
- the change accurately reflects the health service's medico-legal system of record.

The department maintains records of all such incidences for monitoring data quality.

# Data extracts

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- the change accurately reflects the health service's medico-legal system of record.

The department maintains records of all such incidences for monitoring data quality.

# End of financial year reporting

As shown in the table below:

- Submissions with header dates prior to 1 July 2018 must use 2018-19 format/values for all records
- For submissions with header dates of 1 July onwards, the Separation Date of the episode determines the format/values applicable
  - Separation Date prior to 1 July 2018 must use 2017-18 format/values
  - Separation Date 1 July 2018 or later must use 2018-19 format/values
  - For patients ‘remaining in’ on 30 June 2018 this may involve updating episode data previously reported in a June submission from 2017-18 format/values to 2018-19 format/values

June submission	Admission Date	Separation Date	Unique Key	Format/Values	Possible format/values
1-30/06/2018	01/06/2018	30/06/2018	000055555	2017-18	2017-18 format – for all records
	20/06/2018	00/00/0000	000066666	2017-18	
<b>July submission</b>					<b>Separation Date determines format/values</b>
1-31/07/2018	25/06/2018	30/06/2018	000077777	2017-18	2017-18 format for separations prior to 1 July 2018
	20/06/2018	00/00/0000	000066666	2018-19	2018-19 format for patients remaining in or separated from 1 July 2018
	01/07/2018	10/07/2018	000088888	2018-19	
	02/07/2018	00/00/0000	000033333	2018-19	

## Test submissions for 1 July changes

Information regarding testing for 1 July changes will be published at a later date in the HDSS Bulletin.

Contact the HDSS help desk at [hdss.helpdesk@dhhs.vic.gov.au](mailto:hdss.helpdesk@dhhs.vic.gov.au) to add your name to the Bulletin mailing list.