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| --- | --- |
| <Health Service Name> | Data Quality StatementVictorian Cost Data Collection 2019-20 |

All data provided by <Health Service> to 2019-20 to the Victorian Cost Data Collection (VCDC) has been prepared in adherence with the Vic Activity Based Costing (VicABC) documentation and compliant with the Australian Hospital Patient Costing Standards (AHPCS) Version 4.0.

Data provided to this submission has been reviewed and is complete, free of material errors and accurately represents the patient level cost data submitted to the department for the VCDC collection.

Adherence to the VicABC and AHPCS Version 4.0 is qualified by the details below.

**(Please complete each section where applicable. Always delete the guidance statements in boxes with examples and/or listing instruction text and this text when no longer required.)**

# Overview

***Delete contents of this box when comments of your health service have been entered***

*Some things to consider for this section:*

* *What is the frequency of review and update to the costing structure each financial year to be reflective of the organisation?*
* *Are management within the health service using cost information for decision making?*
* *Include any additional comments regarding your health service that may impact on your results.*

# General comment

***Delete contents of this box when comments of your health service have been entered***

*Some things to consider for this section:*

*Any general information that provide context as to the quality and completeness of your cost data.*

* *Which campuses are reported and not reported?*
* *What is the frequency for updating the Indirect allocation statistics? Is there any evidence?*
* *Any changes to your health service data warehouse platform?*
* *Is all redistribution of expenses evidenced and signed off by the stakeholders within your health service?*
* *Is documentation available on how the Finance GL is reconciled to your health services’ costing GL?*
* *Is there any documentation available on the process of generating the activities?*
* *Include any additional comments regarding your health service that may impact on your results.*
* *Any new improvements or refinements to costing at patient level implemented during this year of submission?*

# Allocation of expenditure

## Compliance

### Exceptions:

#### Capital and depreciation

* *Include any comments regarding your health service that may impact on your results.*

#### Teaching and training

* *Include any comments regarding your health service that may impact on your results.*

#### Research

* *Include any comments regarding your health service that may impact on your results.*

#### Posthumous organ donation

* *Include any comments regarding your health service that may impact on your results.*

#### Other… [please provide details of other exceptions]

* *Include any comments regarding your health service that may impact on your results.*

## Treatment of work in progress patients

***Delete contents of this box when comments of your health service have been entered***

*Some things to consider for this section:*

* *Have all expenses been allocated for all patients treated within the submission year regardless of completion of treatment?*
* *Indicate the number of years work in progress patients’ costs have been reported.*
* *Include any additional comments regarding your health service that may impact on your results.*

## Contractual arrangements

***Delete contents of this box when comments of your health service have been entered***

*Some things to consider for this section:*

* *Are there any contractual arrangements between your health services and external service providers? If so what are they?*
* *What is the methodology for allocating the expenses relating to patients under a contractual arrangement?*
* *Have the expenses relating to these contractual arrangements been allocated to the appropriate patients.*
* *Include any additional comments regarding your health service that may impact on your results.*

## Public and Private patients

***Delete contents of this box when comments of your health service have been entered***

*Some things to consider for this section:*

* *What is the costing methodology applied for treating public and private patients?*
* *Are there any ancillary costs (such as imaging, pathology, pharmacy etc..) that are not included in the costs for either/or public and private patients?*
* *Have the medical costs associated to private patients been included as part of the submission? (this includes expenses recorded in trust accounts or non-operation accounts)*
* *Include any additional comments regarding your health service that may impact on your results.*

## PBS/S100 and NPBS

***Delete contents of this box when comments of your health service have been entered***

*Some things to consider for this section:*

* *Have pharmacy costs been split between PBS/S100 and NPBS?*
* *Has any funding received for PBS been negated from the pharmacy expenses?*
* *Include any additional comments regarding your health service that may impact on your results.*

# Completeness of activity costed and reported

## Types of activities

***Delete contents of this box when comments of your health service have been entered***

*Some things to consider for this section:*

* *Are there any plans in place for costing and reporting programs that are currently not costed at patient level?*
* *Are all resource feeders captured for requirement of allocating expenses?*
* *Are all resource feeders complete of data required for allocating expenses?*
* *What is the procedure for rectifying any inconsistencies within the data captured from resource feeders?*
* *Are there any resource feeder data that is allocated to virtual (dummy) patients?*
* *Include any additional comments regarding your health service that may impact on your results.*

The table below provides an understanding as to the level of patient activities are costed. This is to be completed by choosing one of the items found in the legend and drop box AND provide further explanation for choosing that value.

***Delete contents of this box when comments of your health service have been entered***

***EXAMPLE in filling in the Activity Table below.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Program | Description | CostedY/N | Not costed(care type, program/ stream etc) | Comments |
|  | ***Example: Please delete once completed*** |
| *MH* | ***Mental Health Acute*** | ***N*** | ***Care type 5*** | ***No feeder system data available for patient level reporting*** |
| *NV* | ***Non-admitted VINAH*** | ***PC*** | ***TCP, SACS, 313*** | ***Incomplete due to records not being able to be identified in hospital systems such as TCP and MBS patients excluded from costing*** |
| *S* | ***Research*** | ***NA*** |  | ***Not applicable*** |
| *AC* | ***Acute*** | ***Y*** |  | ***Fully costed*** |
| *M* | ***Mental Health community*** | ***YD*** | ***2000, 2001, 2002, 2003, 2004, MHCE, MHCA*** | ***Costed at an aggregate level as no feeder data available at this time*** |

|  |  |  |
| --- | --- | --- |
| Item | Value | Description |
| Y | Yes costed | Applicable to health service and costed |
| N | Not costed | Applicable to health service but NOT costed |
| YD | Aggregate costed | Applicable to health service and costed at an aggregate level or as a ‘virtual’ or ‘dummy’ patient |
| PC | Partially costed | Applicable to health service but partially costed |
| NA | Not applicable | Activity not applicable to health service |

**Legend**

| **Program** | **Description** | **CostedY/N** | **Not costed****(care type, program/ stream etc)** | **Explanation of selected costed activity** |
| --- | --- | --- | --- | --- |
| **Admitted** |
| AO | Acute Other |  Choose an item. |  |   |
| NH | NHT/Non-Acute |  Choose an item. |  |   |
| AC | Acute |  Choose an item. |  |   |
| RH | Rehabilitation |  Choose an item. |  |   |
| PC | Palliative Care |  Choose an item. |  |   |
| GM | GEM |  Choose an item. |  |   |
| OG | Organ Procurement |  Choose an item. |  |   |
| MH | Mental Health Acute |  Choose an item. |  |   |
| MA | Maintenance Care |  Choose an item. |  |   |
| RP | Paediatric Rehabilitation |  Choose an item. |  |   |
| AU | Acute Unqualified newborn |  Choose an item. |  |   |
| **Emergency** |
| E | Emergency Presentations |  Choose an item. |  |   |
| ED Short Stay Unit reported as part of the admitted setting |  Choose an item. |  |   |
| EU | Emergency - Urgent Care Centres |  Choose an item. |  |   |
| **Non-admitted** |
| NV | Non-Admitted VINAH |  Choose an item. |  |   |
| N0 | Non-Admitted AIMS S10 |  Choose an item. |  |   |
| N1 | Non-Admitted AIMS S11 |  Choose an item. |  |   |
| Hospital Based Palliative Care Consultancy Team (HBPCCT) costed reported part of the admitted patient |  Choose an item. |  |   |
| **Other Non-admitted** |
| UD | Other Non-Admitted Diagnostic services |  Choose an item. |  |   |
| U | Other Non-admitted |  Choose an item. |  |   |
| **Community Health** |
| C  | Community Health |  Choose an item. |  |   |
| **Radiotherapy**  |
| Admitted radiotherapy costed as part of admitted setting |  Choose an item. |  |   |
| Non-admitted radiotherapy costed as part of non-admitted setting |  Choose an item. |  |   |
| Non-admitted Radiotherapy services |  Choose an item. |  |   |
| **Research** |
| S  | Research |  Choose an item. |  |   |
| **Teaching & training** |
| T  | Teaching and Training |  Choose an item. |  |   |
| **Boarders** |
| B  | Boarders |  Choose an item. |  |   |
| **Mental Health** |
| M  | Mental Health - PARC |  Choose an item. |  |   |
| Mental Health - CCU |  Choose an item. |  |   |
| Mental Health - APMHR |  Choose an item. |  |   |
| Mental Health - community |  Choose an item. |  |   |
| Mental Health - CL Services provided to emergency presentations |  Choose an item. |  |   |
| Mental Health - CL Services provided to admitted patients |  Choose an item. |  |   |
| Mental Health - CL Services |  Choose an item. |  |   |
| **Other non-patient** |
| X  | Other Non-Patient |  Choose an item. |  |   |
| **Other Admitted** |
| W  | Other Admitted |  Choose an item. |  |   |

## Phase of care

### Palliative Care

* *Include any comments regarding your health service that may impact on your results.*

### Mental Health

* *Include any comments regarding your health service that may impact on your results.*

# Expenses transferred

***Delete contents of this box when comments of your health service have been entered***

*Some things to consider for this section:*

* *On what basis are the transfers undertaken?*
* *How often are these reviewed/updated?*
* *Are the amounts to be transferred evidenced by meetings with the stakeholders within your health services and signed off?*
* *Include any additional comments regarding your health service that may impact on your results.*

# Reconciliation

***Delete contents of this box when comments of your health service have been entered***

*Some things to consider for this section:*

* *Is there a process for any reconciliation to be undertaken on expenses prior to loading into the costing system?*
* *Is any reconciliation or process undertaken prior to loading, linking, and costing to activity which will be used in the costing system? If so, please provide outline the process.*
* *Include any additional comments regarding your health service that may impact on your results.*

# Quality assurance check

## Departmental checks

The flagged records within the department’s quality assurance reports has been reviewed and feedback provided as to the validity and reasoning of the records which will assist in providing a level of understanding of the usefulness of the patient level data for development of funding models and interpretation for analysis and reporting.

***Delete contents of this box when comments of your health service have been entered***

*Please amend the statement should further clarification or updating is to be included. Please delete this box once completed*

* *Include any additional comments regarding your health service that may impact on your results.*

## Health service checks

* ***Please outline your quality assurance checks conducted on the costed data prior to submission to the VCDC.***

# Variation

We have reviewed our data for variation between current year and prior year and any movement of costs between programs. Our findings show:

***Delete contents of this box when comments of your health service have been entered***

* *Provide any analysis, comments or information that can assist the department understand any major variation in the costed data.*
* *Include any additional comments regarding your health service that may impact on your results.*

# COVID-19 activities

The impact of COVID-19 in 2020 has provided some challenges with data collection, accounting for expenses and costing. To the best of our knowledge, our health service has adhered to the guidance and advice provided by the department and nationally in respect to the treatment of activities and costs related to the impact of COVID-19.

Some difficulties encountered are outlined below.

# Assurance

Assurance is given that to the best of my knowledge the data provided is suitable to be used for benchmarking, reporting and development of Victorian funding models as well as the primary purpose of the NHCDC, which includes development of the National Efficient Price and National Efficient Cost.

Signed:

Date:

Chief Executive Officer