

Errata to Final specifications for  
revision to PRS/2 and the  
Victorian Admitted Episodes  
Dataset (VAED) for 1 July 2012

January 2012



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# Executive Summary

This document details the revisions to *Final specifications for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2012*. The revisions are:

- Section 1
  - Data transmission timeline: Addition of Palliative Record
- Section 3
  - Admission Time: Deletion of reference to posthumous organ procurement episodes
  - Clinical Sub-Program: Amendment to reporting guidelines
- Section 4 (Tabular)
  - Care Type: Organ Procurement - Posthumous (10): Deletion of Admission Time and Qualification Status *N Qualified Newborn* and *U Unqualified Newborn*
  - Criterion for Admission and Newborn Qualification Status: Removal of Qualification Status *N Qualified Newborn* and *U Unqualified Newborn* as valid reporting options with Criterion for Admission *K Posthumous Organ Procurement*
  - Criterion for Admission and Qualification Status: Criterion for Admission *K Posthumous Organ Procurement* added
  - Newborns: Criteria for Admission, Qualification Status, Care Type: Deletion of reference to posthumous organ procurement episodes
- Section 5
  - Changes to record positions in Sub-Acute record file structure
- Section 8
  - Additional edits with changed functionality but no change to wording
  - Edits with changes to wording and functionality
  - Further details of new edits

# Section 1

## Data transmission timeline

Admission and separation details for any month (E4 E5 and V4 V5 records) must be transmitted before the VAED file consolidation which is at **5pm on the 10<sup>th</sup> day of the following month** (or 12 noon if submitting data loaded on media such as CD ROM).

Diagnosis and procedure and sub-acute details (X4 X5, Y4 Y5, S4 S5 and P5 records) must be transmitted in time for the VAED file consolidation **at 5pm** on the 10<sup>th</sup> day of the second month following separation.

Data for the 2012-13 financial year must be completed in time for the VAED file consolidation on 10 August 2013. Any **corrections** must be transmitted before final consolidation of the 2012-13 VAED database **at 5pm** on 10 September 2013.

# Section 3

## Admission Time

Deletion of:

~~For an episode for posthumous organ procurement (Care Type 10) report Admission Time as one minute after the certified time of death~~

## Clinical Sub-Program

### Specification

<b>Definition</b>	The diagnosis, based on the body system manifesting the reason for rehabilitation.		
<b>Data type</b>	Numeric	<b>Form</b>	Code
<b>Field size</b>	3	<b>Layout</b>	NNN Right justify, leading zero.
<b>Location</b>	Sub-Acute Record		
<b>Reported by</b>	Public hospitals.		
<b>Reported for</b>	<b>Optional</b> if Care Type = 2, 6, P <del>and Impairment present</del> <b>Mandatory</b> if Care Type = 2, 6, 7, K, P <del>and Impairment NOT present</del> For Care Types 9, R1 and R2, report spaces.		
<b>Reported when</b>	A Separation Date is reported in the Episode Record.		
<b>Code set</b>	<b>Code</b>	<b>Descriptor</b>	
		<b>Information unchanged</b>	
<b>Reporting guide</b>	Clinical Sub-Program should be assigned by the treating clinician. Sub-program assignment must be supported by the appropriate ICD-10-AM codes reported in the X5/Y5 Diagnosis/Extra Diagnosis Records. Optional <del>if Impairment reported</del> for Care Types P, 2, and 6		

## Section 4

### Care Type: Organ Procurement - Posthumous (10)

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

Field	Valid codes
<b>E5 Episode Record</b>	
Care Type	10
Admission Time	Separation Time on previous episode (if present) + 1 minute
Admission Source	K
Admission Type	K
Qualification Status	N, U, X
Separation Mode	G
Separation Referral	Spaces
Criterion for Admission	K
Mental Health Legal Status	9
Funding Arrangement	Space
Intention to Re-admit	0
Account Class	KK
ACAS Status	Spaces
Accommodation Type	1 or 2
<b>X5 Diagnosis Record</b>	
Admission weight	Spaces or weight in grams if aged under 1 year
Duration of MV	Spaces or hours for procurement episode only as relevant
Duration of NIV	Spaces or hours for procurement episode only as relevant
Duration of Stay in ICU	Spaces or hours for procurement episode only as relevant
Duration of Stay in CCU	Spaces or hours for procurement episode only as relevant

## Criterion for Admission and Newborn Qualification Status (1st Status Segment)

This edit table, in addition to the edit table 'Criterion for Admission and Qualification Status' further specifies the Qualification Status code required for newborns in the 1<sup>st</sup> Status Segment of the admission.

If Criterion for Admission is		then Qualification Status (1 <sup>st</sup> Status Segment) must be
K	Posthumous Organ Procurement	<del>N, U</del> , X
B	Day-Only Automatically Admitted Procedure	X
C	Day-Only Not Automatically Qualified Procedure	X
N	Qualified Newborn	N
U	Unqualified Newborn	U
E	Day-only Extended Medical Treatment	X
O	Overnight	X
If Qualification Status (1 <sup>st</sup> Status Segment) is		then Criterion for Admission
N	Qualified Newborn	N, <del>K</del>
U	Unqualified Newborn	U, <del>K</del>
X	Not Applicable	B, C, E, O, K

## Criterion for Admission and Qualification Status

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

If Criterion for Admission is		then Qualification Status must be
<b>K</b>	<b>K Posthumous Organ Procurement</b>	<b>X</b>
N	Qualified Newborn	N, U
U	Unqualified Newborn	U, N
O	Patient expected to require hospitalisation for minimum of one night	X
R	Restorative Care: Off-site	X
B	Day-Only Automatically Admitted Procedures	X
E	Day-only Extended Medical Treatment	X
C	Day-Only Not Automatically Qualified Procedures	X
S	Secondary Family Member	X
If Qualification Status is		then Criterion for Admission
N	Qualified Newborn	N, U
U	Unqualified Newborn	U, N
X	Not Applicable	O, R, B, E, C, S, <b>K</b>

## Newborns: Criteria for Admission, Qualification Status, Care Type

Deletion of:

Where a newborn dies in hospital, or is dead on arrival, and subsequently proceeds to a posthumous organ procurement episode, the Qualification Status applicable to the newborn episode is reported.

## Section 5

### Sub-Acute Record

#### Sub-Acute Record File Structure

Corrections made to record positions

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
A	Barthel Index Score on Admission	3	22	NNN (range 000 to 100) or spaces Right justified, zero filled
A	Barthel Index Score on Separation	3	25	NNN (range 000 to 100) or spaces Right justified, zero filled
D	Clinical Sub-program	3	28	NNN or spaces Refer to code list in Section 3 Right justified, zero filled
C	Onset Date	8	22 31	DDMMCCYY or spaces
C	Admission/Re-admission to Rehabilitation	1	30 39	0, 1 or space
O	User Flag	1	34 40	Optional field, free text
B	Functional Assessment Date on Admission	8	32 41	DDMMCCYY or spaces
B	Functional Assessment Date on Separation	8	40 49	DDMMCCYY or spaces
C	Impairment	6	48 57	From code list or spaces
B	FIM™ Score on Admission	18	54 63	NNNNNNNNNNNNNNNNNNNN or spaces Right justified, zero filled
B	FIM™ Score on Separation	18	72 81	NNNNNNNNNNNNNNNNNNNN or spaces Right justified, zero filled
<b>Total</b>		<b>89</b>	<b>98</b>	

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

- M Mandatory
- A Mandatory if Care Type = 6
- B Mandatory if Care Type = 2, 6, 9, R1 or R2
- C Mandatory if Care Type = 2, 6 or P
- D Optional if Care Type = 2, 6 or P and Impairment present
- O Optional

## Section 8

### Additional edits with changed functionality but no change to wording

<b>Edit number</b>	<b>Edit description</b>	<b>Change in functionality</b>
410	Illegal Combination Funding Arrangement & Contract	Removal of Contract Type 7 Removal of Contract Spoke Identifiers 0050, 0070
417	Invalid Contract Type	Removal of Contract Type 7
461	ACAS Status not Required	Care Type 10 added to code set
482	Incompatible Admission Source/Criterion for Admission	Criterion for Admission R Restorative Care: Off-site and K Posthumous Organ procurement added Admission Source K Posthumous Organ procurement added
484	Incompatible Admission Type/Criterion for Admission	Criterion for Admission R Restorative Care: Off-site and K Posthumous Organ procurement added Admission Type K Posthumous Organ procurement added
486	Incompatible Age/Criterion for Admission	Criterion for Admission R Restorative Care: Off-site and K Posthumous Organ procurement added
490	Incompatible Criterion for Admission/Qualification Status	Criterion for Admission R Restorative Care: Off-site and K Posthumous Organ procurement added
533	ACAS Status Code Required	Care Types R1 and R2 added to code set Care Types 7, F, E and K deleted
648	Invalid Program Identifier	Removal of 03 Restorative Care
649	Program Identifier mismatch	Removal of Care Type K and Program Identifier 03 Restorative Care

## Edits with changes to wording and functionality

### 228 Unusual Birth Place

<b>Effect</b>	Warning
<b>Problem</b>	The <b>E4 E5</b> Episode Record's Country of Birth code indicates unusual birth place: <ul style="list-style-type: none"><li>• 0000 Inadequately described (includes continents not further defined)</li><li>• 0001 At sea</li><li>• 0002 Birth place not elsewhere classified</li><li>• <b>0003 Not Stated</b></li><li>• 1600-1999 Antarctica</li><li>• 3103 Holy See.</li></ul>
<b>Remedy</b>	<p>Check Admission Date, Admission Source and Date of Birth, amend as appropriate, and re-transmit the <b>E4 E5</b>.</p> <p>If you have used 0002 Birthplace not elsewhere classified because there is no code for the country, contact the HDSS Help Desk.</p>

### 293 **Clin Sub-Prog** or Impairment Present

'Clinical Sub-Program' re-instated

<b>Effect</b>	REJECTION
<b>Problem</b>	The E5 Episode Record's Care Type is 9 Geriatric Evaluation and Management Program or R1 or R2 Restorative Care but the S5 Sub-Acute Record has a <b>Clinical Sub-Program</b> or Impairment code.
<b>Remedy</b>	Check Care Type (E5), Clinical Sub-Program (S5), and Impairment (S5), amend as appropriate and re-transmit the E5 and/or S5.

### 407 Rehab Level 2, ~~or 3 or 4~~ W Low Adm Barth

<b>Effect</b>	Warning
<b>Problem</b>	The E5 Episode Record's Care Type is 6 Rehabilitation – Level 2 but the S5 Sub-acute Record's Admission Barthel is less than 002.
<b>Remedy</b>	<p>Check Care Type (E5) and Admission Barthel (S5), amend as appropriate, and re-transmit the E5 and/or S5.</p> <p>It is unlikely that a patient with such a low Barthel would be receiving Level 2 Designated Rehabilitation care.</p> <p>If this was not Level 2 Rehabilitation, amend the Care Type.</p> <p>If this was Level 2 check Admission Barthel.</p> <p>If the Barthel was not assessed for this episode, enter the Barthel for the initial rehabilitation episode, not 000.</p>

## 456 Contract Leave, No Contract

<b>Effect</b>	REJECTION
<b>Problem</b>	The E4 E5 Episode Record has Contract Leave days and Separation Date; however, Contract Type is 1, 6 or 7 or not reported.
<b>Remedy</b>	<p>Check if this episode does involve contracted care at another hospital.</p> <p>If no, delete the Contract Leave Days and re-transmit the E4 E5.</p> <p>If the correct Contract Type should be 2, 3, 4 or 5, amend Contract Type and re-transmit the E4 E5.</p> <p>If the Contract Type is correctly reported as 1, 6 or 7, delete the Contract Leave Days and re-transmit the E4 E5.</p> <p>Refer to:</p> <p>Section 4: Business Rules (tabular) Contracting: Contract Fields, Contract Leave and Funding Arrangement.</p>

## New edits – further details

### 665 Care Type R1/R2, not approved for Restorative Care

<b>Effect</b>	REJECTION
<b>Problem</b>	The E5 Episode Record's Care Type is R1 or R2 Restorative Care but the Hospital Campus is not approved to provide such care.
<b>Remedy</b>	<p>Check Care Type, amend as appropriate and re-transmit the E5.</p> <p>If you believe the hospital campus is approved to report this Care Type, contact the HDSS Help Desk.</p> <p>Refer to: Supplementary Code Lists Care Type R1/R2: Approved Restorative Care <a href="http://www.health.vic.gov.au/hdss/reffiles/index.htm">http://www.health.vic.gov.au/hdss/reffiles/index.htm</a></p>

### 666 Adm Crit R & Int'd Same Day

<b>Effect</b>	Warning
<b>Problem</b>	The E5 Episode Record's Criterion for Admission is R <i>Restorative Care: Off-site</i> but the Intended Duration of Stay is 1 <i>Intended same day stay</i> .
<b>Remedy</b>	Check Criterion for Admission and Intended Duration of Stay, amend as appropriate and re-transmit the E5.

## 667 Care Type R2 but Adm Crit not R

<b>Effect</b>	REJECTION
<b>Problem</b>	The E5 Episode Record's Care Type is R2 Restorative Care: Off-site but the Criterion for Admission is not R <i>Restorative Care: Off-site</i> .
<b>Remedy</b>	Check Care Type and Criterion for Admission, amend as appropriate and re-transmit the E5.

## 668 Care Plan Doc Date reported but Care Type not sub-acute

<b>Effect</b>	Warning
<b>Problem</b>	A Care Plan Documented Date has been reported but the Episode Care Type is not P, 2, 6, 8, 9, R1 or R2.
<b>Remedy</b>	Check Care Type (E5) and Care Plan Documented Date (X5), amend as appropriate and re-transmit.

## 669 Care Plan Doc Date reported > 7 days after Adm Date

<b>Effect</b>	Warning
<b>Problem</b>	The Care Plan Documented Date (X5) reported is more than 7 days after the Admission Date (E5).
<b>Remedy</b>	Check Care Plan Documented Date and Admission Date. <ul style="list-style-type: none"><li>• If Admission Date incorrect, amend and re-transmit E5.</li><li>• If Care Plan Documented Date incorrect, amend and re-transmit X5.</li></ul>

## 670 Care Type Sub-acute, Separated, Care Plan Doc Date is null

<b>Effect</b>	Warning
<b>Problem</b>	The E5 Episode Care Type is P, 2, 6, 8, 9, R1 or R2, a Separation Date reported but Care Plan Documented Date has not been reported.
<b>Remedy</b>	Check Care Type (E5), Admission Date (E5) and Separation Date (E5). If Separation Date is more than 7 days after Admission Date and Care Plan has been documented during stay, re-transmit X5 with Care Type Documented Date.

## 671 Care Plan Doc Date < Adm Date or > Sep Date

<b>Effect</b>	REJECTION
<b>Problem</b>	The E5 Episode Care Type is P, 2, 6, 8, 9, R1 or R2, a Separation Date is present but the X5 Diagnosis record's Care Plan Documented Date is either before the Admission Date or after the Separation Date.
<b>Remedy</b>	Check Care Plan Documented Date, Admission and Separation Dates. <ul style="list-style-type: none"><li>• If Admission Date or Separation Date is incorrect, amend and re-transmit E5 and S5.</li><li>• If Care Plan Documented Date incorrect, amend and re-transmit X5.</li></ul>

## 672 Invalid Care Plan Documented Date

<b>Effect</b>	REJECTION
<b>Problem</b>	The X5 Diagnosis record Care Plan Documented Date is in an invalid format.
<b>Remedy</b>	Check Care Plan Documented Date, amend as appropriate and re-transmit the X5.

## 673 Phase of Care reported but Care Type is not 8

<b>Effect</b>	REJECTION
<b>Problem</b>	A P5 Palliative Record has been reported but the E5 Episode Record's Care Type is not 8 <i>Palliative Care Program</i> .
<b>Remedy</b>	Check Care Type. <ul style="list-style-type: none"><li>• If Care Type ought to be 8 <i>Palliative Care Program</i>, amend Care Type and re-transmit E5 and P5.</li><li>• If Care Type correct, no further action is needed (P5 has been rejected).</li></ul>

## 674 Phase of Care Change Date <= Adm Date or >= Sep Date

<b>Effect</b>	REJECTION
<b>Problem</b>	A P5 Palliative Record has been reported however the Phase of Care Change Date reported is: <ul style="list-style-type: none"><li>• before the E5 Episode Record's Admission Date <b>or</b></li><li>• the same as the Admission or Separation Date <b>or</b></li><li>• after the Separation Date.</li></ul>
<b>Remedy</b>	Check the Phase of Care Change Date, Admission Date and Separation Date. <ul style="list-style-type: none"><li>• If the Phase of Care Change Date is incorrect, amend and re-transmit the P5.</li><li>• If the Admission Date or Separation Date is incorrect, amend and re-transmit the E5 and P5.</li></ul>

### **675 Phase of Care Change Date repeated**

<b>Effect</b>	REJECTION
<b>Problem</b>	A P5 Palliative Record has been reported however the same Phase of Care Change Date has been reported more than once.
<b>Remedy</b>	Check the Phase of Care Change Dates, amend as appropriate and re-transmit P5.

### **676 Phase of Care Change Dates not in sequence**

<b>Effect</b>	REJECTION
<b>Problem</b>	A P5 Palliative Record has been reported however the Phase of Care Change Dates are not in sequence.
<b>Remedy</b>	Check the Phase of Care Change Dates, amend as appropriate and re-transmit P5.

### **677 Invalid Phase of Care**

<b>Effect</b>	REJECTION
<b>Problem</b>	The P5 Palliative Record's Phase of Care is in an invalid format.
<b>Remedy</b>	Check the Phase of Care, amend as appropriate and re-transmit P5.

### **678 Phase of Care same as previous: not Sep Phase**

<b>Effect</b>	REJECTION
<b>Problem</b>	The P5 Palliative Record includes a Phase of Care (not the Phase of Care on Separation) that is the same as the previous Phase of Care.
<b>Remedy</b>	Check the Phase of Care, amend as appropriate and re-transmit P5.

### **679 Invalid Phase of Care Change Date**

<b>Effect</b>	REJECTION
<b>Problem</b>	The P5 Palliative Record's Phase of Care Change Date is in an invalid format.
<b>Remedy</b>	Check Phase of Care Change Date, amend as appropriate and re-transmit the P5.

## 680 Palliative Record: Adm RUG ADL Blank

**Effect** REJECTION

**Problem** The E5 Episode Record's Care Type is 8 Palliative Care Program and a Separation Date is present but the P5 Palliative Record RUG ADL on Admission is blank.

**Remedy**

- If separated, enter RUG ADL on Admission and re-transmit the P5.
- If not separated, delete Separation Date and re-transmit E5. Re-transmit E5 and P5 with required data when separated.

## 681 Palliative Record: Sep RUG ADL Blank

**Effect** REJECTION

**Problem** The E5 Episode Record's Care Type is 8 Palliative Care Program and a Separation Date is present but the P5 Palliative Record RUG ADL on Separation is blank.

**Remedy**

- If separated, enter RUG ADL on Separation and re-transmit the P5.
- If not separated, delete Separation Date and re-transmit E5. Re-transmit E5 and P5 with required data when separated.

## 682 Palliative Record: Invalid RUG ADL on Phase Change

**Effect** REJECTION

**Problem** The E5 Episode Record's Care Type is 8 Palliative Care Program and a Separation Date is present but the P5 Palliative Record RUG ADL on Phase Change is in an invalid format.

**Remedy** Check the RUG ADL on Phase Change, amend as appropriate and re-transmit the P5.

## 683 Palliative Record: Source of Referral Blank

**Effect** REJECTION

**Problem** The E5 Episode Record's Care Type is 8 Palliative Care Program and a Separation Date is present but the P5 Palliative Record Source of Referral to Palliative Care is blank.

**Remedy** Enter Source of Referral to Palliative Care and re-transmit P5.

## 684 Not sufficient fields: Phase of Care change

<b>Effect</b>	REJECTION
<b>Problem</b>	The E5 Episode Record's Care Type is 8 Palliative Care Program and a Separation Date is present but the P5 Palliative Record does not contain all data elements required for Phase of Care Change.
<b>Remedy</b>	Check the specifications for the P5 Palliative Record, re-transmit with missing element(s).

## 685 Deleted – Episode is Palliative

<b>Effect</b>	Warning
<b>Problem</b>	The Public Hospital E5 Episode Record with Care Type 8 has been successfully deleted. If a P5 Palliative Record was also recorded in PRS/2, the P5 has also been deleted.
<b>Remedy</b>	<p>If there was no such record no further action is necessary.</p> <p>If another E5 is to be re-transmitted for this episode with Care Type 8, the P5 must also be re-transmitted.</p>

## 686 Tran Pt ID not same as Episode or Pall

<b>Effect</b>	Warning
<b>Problem</b>	The Public Hospital P5 Palliative Record's Unique Key/Patient Identifier does not match that in an E5 Episode Record or a P5 already on file for this Unique Key.
<b>Remedy</b>	<p>Check Patient Identifier in both the P5 and E5, amend as appropriate, and re-transmit the E5 and/or P5.</p> <p>If there is a P5 already on file with an incorrect Patient Identifier, this new P5 will have altered that Patient Identifier, so no further action is required if this new P5's Patient Identifier is correct.</p> <p>If the Patient Identifier in the P5 already on file was correct, and this new P5's Patient Identifier is wrong, correct the Patient Identifier and re-transmit the P5.</p>

## 687 Palliative Care: No Palliative Record

<b>Effect</b>	Warning
<b>Problem</b>	The Public Hospital E5 Episode Record's Care Type is 8 <i>Palliative Care Program</i> , and a Separation Date is present, however there has been no P5 Palliative Record accepted for this patient.
<b>Remedy</b>	<p>Check Care Type and Separation Date (E5).</p> <ul style="list-style-type: none"><li>• If Care Type is correct, investigate why no P5 is recorded: if it has been submitted but rejected, amend and re-transmit. If the information is not yet available, ensure the P5 is submitted as soon as possible.</li><li>• If the patient is not yet separated, delete the Separation Date and re-transmit E5.</li></ul>

## 688 Palliative Record: Episode not separated

<b>Effect</b>	REJECTION
<b>Problem</b>	This P5 Palliative Record has the same Unique Key as an E5 Episode Record with no Separation Date
<b>Remedy</b>	Check Separation Date and Unique Key. <ul style="list-style-type: none"><li>• If Unique Key incorrect, amend and re-transmit P5.</li><li>• If separated, enter Separation Date and re-transmit the E5 and P5.</li><li>• If not separated, no action is needed (the P5 has been rejected). Re-transmit P5 after separation when all details can be completed.</li></ul>

## 689 Palliative Record not required

<b>Effect</b>	REJECTION
<b>Problem</b>	A P5 Palliative Record has been transmitted, however in an E5 Episode Record with the same Unique Key, the Care Type is not reported as 8 <i>Palliative Care Program</i> .
<b>Remedy</b>	Check Care Type for this episode. <ul style="list-style-type: none"><li>• If Care Type ought to be 8 <i>Palliative Care Program</i>, amend and re-transmit the E5 and P5.</li><li>• If the E5 Episode Record's Care Type is correct, no further action is required (the P5 has been rejected).</li></ul>

## 690 Sep FIM™ & Sep Mode Incompatible

<b>Effect</b>	REJECTION
<b>Problem</b>	The E5 Episode Record's Care Type is 2, or 6 <i>Rehabilitation, 9 Geriatric Evaluation and Management</i> , or R1 or R2 <i>Restorative Care</i> , and the Separation Mode is D <i>Death</i> , but the S5 Sub-Acute Record's FIM™ Score on Separation is not 1(x18).
<b>Remedy</b>	Check Separation Mode (E5) and FIM™ Score on Separation (S5), amend as appropriate and re-transmit the E5 and/or S5. FIM™ Score on Separation for patients who die in hospital is 1(x18).

## 691 Adm FIM™ > Sep FIM™

**Effect** Warning

**Problem** The E5 Episode Record's Care Type is 2, or 6 Rehabilitation, 9 Geriatric Evaluation and Management Program, or R1 or R2 Restorative Care, and the Separation Mode is not D *Death*, or S *Statistical Separation (change in Care Type within this hospital)*; however, the S5 Sub-Acute Record's FIM™ Score on Admission is higher than the FIM™ Score on Separation.

**Remedy** Check Care Type, Separation Mode (E5) and FIM™ Score on Admission and FIM™ Score on Separation (S5), amend as appropriate, and re-transmit the E5 and/or S5.

This may be correct, but for most patients an increase in FIM™ Score would be expected over the course of an episode.

## 692 No Pall Record to Delete

**Effect** REJECTION

**Problem** This is a Public Hospital P5 Palliative Record deletion but there is no P5 with the same Unique Key on file.

**Remedy** Check Unique Key in the original P5, re-transmit the P5 deletion with the original Unique Key.

## 693 Sep Referral, Conflict

**Effect** Warning

**Problem** The E5 Episode Record's Separation Referral contains both F *Domiciliary postnatal care arranged before discharge* and E *Domiciliary postnatal care, referral declined*, which is an apparent conflict.

**Remedy** Check Separation Referral, amend as appropriate and re-transmit the E5 and X5/Y5.

## 694 Rehab Level 2 W Low Adm FIM™

<b>Effect</b>	Warning
<b>Problem</b>	The E5 Episode Record's Care Type is 6 <i>Rehabilitation – Level 2</i> but the S5 Sub-acute Record's FIM™ on admission is less than 21.  Minimum score (1×18 =18)
<b>Remedy</b>	Check Care Type (E5) and FIM™ on admission (S5), amend as appropriate, and re-transmit the E5 and/or S5.  It is unlikely that a patient with such a low FIM™ on admission would be receiving Level 2 rehabilitation care.  If this was <i>not</i> Level 2 rehabilitation, amend the Care Type.  If this was Level 2, check FIM™ on admission .

## 695 Impairment /Care Type mismatch

<b>Effect</b>	REJECTION
<b>Problem</b>	The public hospital E5 Episode Record's Care Type is 2, 6 or P and a Separation Date is present but the S5 Sub-Acute Record's Impairment is blank. If the Care Type is 2, 6 or P, Impairment must be present. For other Care Types report spaces.  This edit will trigger on the S5 record only.
<b>Remedy</b>	Check Care Type and Impairment. <ul style="list-style-type: none"><li>• If Care Type incorrect, amend as appropriate and re-transmit the E5 and S5.</li><li>• If Care Type correct, amend S5 as appropriate and re-transmit S5 only.</li></ul>

## 696 Posthumous Organ Proc: Care Type /Sep Mode mismatch

<b>Effect</b>	REJECTION
<b>Problem</b>	<ul style="list-style-type: none"><li>• Either the E5 Episode Record's Care Type is 10 <i>Posthumous Organ Procurement</i> and a Separation Date is present but the Separation Mode is not G <i>Posthumous Organ procurement</i> <b>OR</b></li><li>• The E5 Episode Record's Separation Mode is G <i>Posthumous Organ procurement</i> but the Care Type is not 10 <i>Posthumous Organ Procurement</i>.</li></ul>
<b>Remedy</b>	Check Care Type and Separation Mode, amend as appropriate and re-transmit E5.