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| Data Quality Statement  Victorian Cost Data Collection 2023-24 |

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| <Health Service Name> |

All data provided by <Health Service> to the 2023-24 Victorian Cost Data Collection (VCDC) has been prepared in adherence with the Data Request Specifications (DRS) and Vic Activity Based Costing (VicABC) documentation including all related reference files and compliant with the Australian Hospital Patient Costing Standards (AHPCS) Version 4.2 (or most recent).

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 DRS, VicABC, and AHPCS Version 4.2 (or most recent) is qualified by the details below.

*Please delete only this box before submitting AND do not delete any questions on the template and provide answers in all sections; if not applicable, type in “N/A” or “NIL”.*

*Please provide details to all sections especially section 5.*

*Please provide details to all sections especially section 5.*

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# Overview

**Address the following:**

* Tell us a bit about your organisation
* What is the frequency of review and update to the costing structure each financial year to be reflective of the organisation?
* How is the costed information used within your organisation?
* Provide details of any changes from previous year specifically details of improvements in costing process and methodology.
* Outline any issues that have impacted allocating expenses to all patients treated within your organisation.
* Include any additional overview comments regarding your health service that may impact on your results.

# General comments

**Address the following:**

* 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 source data?
* Provide details of types of documentation and evidence used for:
  + Reconciling the Finance GL to the costing GL
  + Reconciling the feeder/extract data
  + Reconciling the hospital activities
  + Level of stakeholder engagement (service and support departments) including any reports provided and frequency of consultation.
* What is the process for review and approval of the data before submission to VCDC?
* Include any general information that provide context as to the quality and completeness of your cost data.
* Include any other additional General comments.

# Detailed comments

**Address the following:**

This section focuses on improvements from previous year’s submission and scheduled or future plans to undertake in improving patients’ costs.

* List any improvements or refinements to costing at patient level implemented during this year’s submission?
* Are there any patient cohorts or departmental feeder systems that are not providing or unable to provide data at patient level and consequently, patients’ utilisation/service costs are ‘modelled' or needing ‘dummy/virtual patients to allocate patients’ costs?
* Are there any significant factors which influence your health service’s cost data (i.e. state-wide admission policies, etc)? If so, what is the impact on costed output?
* Summarise any future improvements for patient costing?
* Include any additional detailed comments regarding your health service that may impact on your results this cycle.

# Allocation of expenditure

**Address the following:**

## Compliance

Describe the level of compliance against the Australian Hospital Patient Costing Standards V4.0 and local costing rules applied.

### 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

**Address the following:**

* Have all expenses been allocated for all patients treated within the submission year regardless of completion of treatment?
* How many years have been submitted for patients admitted in prior years but discharged in the submission year?
* On the Reconciliation report returned, are work in progress patients’ costs been reported by the number of years and not aggregated into a single figure? If, not, please provide the reason.
* Include any additional comments for this section regarding your health service that may impact on your results or not meeting the department’s requirements.

## Contractual arrangements

**Address the following:**

* Provide details of any contractual arrangements between your health service and other health services and/or external service providers.
* 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 for this section regarding your health service that may impact on your results.

## Public and Private patients

**Address the following:**

* What type of arrangement(s) is in place at your health service for treating private patients? This will apply to medical, diagnostics, nursing, and allied health.
* What is the costing methodology applied for treating 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 any costs associated to private patients been excluded as part of the submission? (this includes expenses recorded in trust accounts or non-operation accounts)
* How do you ensure private and public patients are allocated their correct medical, diagnostic imaging and pathology costs?
* Include any additional comments for this section regarding your health service that may impact on your results.

## PBS/S100 and NPBS

**Address the following:**

* Have pharmacy costs been split, costed, and reported between PBS/S100 and NPBS? If not, what steps will be taken to do that?
* Has any funding received for PBS been negated from the pharmacy expenses?
* How do you ensure patients are allocated their correct pharmacy costs?
* Include any additional comments for this section regarding your health service that may impact on your results.

# Completeness of activity costed and reported

## Health services will allocate costs to all hospital activity settings such as but not limited to admitted, emergency, non-admitted and mental health. These activities, as well as other non-patient services, are categorised by a program value for reporting cost data to the VCDC. The expected costed activity is included in the Data Definitions Specification – Ref: Episode Program details.

## Address the following:

## Types of activities

* Were there any changes made to any extracts?
* 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 with 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 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 this box after comments for your health service have been entered***

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Program | | Description | Costed Y/N | Not costed  (care type, program/ stream etc) | Comments |
|  | ***Example:*** | | | | |
| *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**

* **The table below must be completed, and all sections addressed.**

| **Program** | **Description** | **Costed Y/N** | **Not costed**  **(care type, program/ stream etc)** | **Comments to explanation selected costed Program 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. |  |  |

## Justification of acceptance of unlinked/unmatched records

Please provide the reasoning for accepting the unlinked/unmatched records reported to you following your **final submission.**

|  |  |  |
| --- | --- | --- |
| **Unlinked/Unmatched Activity from the MAIN VCDC file** | | |
| **Dataset** | **No. of records** | **Reason for acceptance** |
| VAED |  |  |
| VEMD |  |  |
| VINAH |  |  |
| CMI Bedbased |  |  |
| CMI Contacts |  |  |

\*\* This represents the records reported to the various activity datasets that do not have a corresponding reported cost record. Use the column, PCT\_MATCH\_LEVEL\_0, on the Phase 3 VCDC Linking report, sheet: Activity Link Summary to populate the above.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Unlinked/Unmatched VCDC records from the MAIN VCDC file** | | | | |
| **Dataset** | **Program** | **No. of records** | **Total Costs** | **Reason for acceptance** |
| VAED | AO - Acute Other |  |  |  |
| NH - NHT/Non-Acute |  |  |  |
| AC - Acute |  |  |  |
| RH - Rehabilitation |  |  |  |
| PC - Palliative Care |  |  |  |
| GM - GEM |  |  |  |
| OG - Organ Procurement |  |  |  |
| MH - Mental Health |  |  |  |
| MA - Maintenance Care |  |  |  |
| RP - Paediatric Rehabilitation |  |  |  |
| AU - Acute Unqualified newborn |  |  |  |
| VEMD | E - Emergency |  |  |  |
| EU - Emergency - Urgent Care Centres |  |  |  |
| VINAH | NV - Non-Admitted VINAH |  |  |  |
| CMI Bedbased | M - Mental Health |  |  |  |
| CMI Contacts | M - Mental Health |  |  |  |

\*\* This represents the records reported to VCDC that have not been able to be matched/linked to a corresponding reported activity record. Use the column, PCT\_MATCH\_LEVEL\_0, on the Phase 3 VCDC Linking report, sheet: VCDC Link Summary to populate the above.

|  |  |  |
| --- | --- | --- |
| **Unlinked/Unmatched Phase of Care file records from the POC VCDC file** | | |
| **Cost differences** | **Palliative Care (PC)** | **Mental Health (M, MH)** |
| No. of records |  |  |
| Total Costs |  |  |
| Reason for acceptance |  |  |

|  |  |  |
| --- | --- | --- |
| Use POC\_SDATE\_ERR\_REC to populate: |  |  |
| **Service date differences** | **Palliative Care (PC)** | **Mental Health (M, MH)** |
| Outside bounds |  |  |
| Day\_Diff |  |  |
| Day Sequence Issue |  |  |

## Virtual or Dummy Episodes

The purpose of the Virtual or Dummy Episodes report costed activities that your health service does not have an extract for.

Please outline in detail what virtual episodes have been created and why.

# Specific activities costed

**Address the following:**

## Phase of care

### Palliative Care

* Have all Palliative Care patients been costed and reported to the VCDC this cycle?
* Have all Palliative Care patients also been reported to the VCDC at a phase of care level?
* Include any comments regarding your health service that may impact on your results.

### Mental Health

* Have all mental health patients been costed and reported to the VCDC this cycle? This includes admitted mental health, community, consultation liaison and residential patients.
* Has all mental health patient also been reported to the VCDC at a phase of care level? This includes admitted mental health, community, and residential patients.
* Include any comments regarding your health service that may impact on your results.

### Radiotherapy

* Have all Radiotherapy patients been costed and reported to the VCDC this cycle? This includes admitted and non-admitted. Please provide details.
* Include any comments regarding your health service that may impact on your results.

### Other specific activities

Please provide any details of other activities such as Nationally Funded Centres, high cost activities

# Expenses transferred to accommodate costing

**Address the following:**

* What types of transfers are undertaken?
* 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 for this section regarding your health service that may impact on your results.

# Review and Reconciliations

The cost data must be consistent, reliable, complete, reconciled, and quality checked. It is expected that health services will examine their costed data for reasons across all services and have an assurance of the quality of the cost data. Within your health service what level of review and reconciliation is undertaken for the following.

**Address the following:**

## Before the costing process

* Outline the process for auditing/reconciling undertaken on expenses prior to loading into the costing system.
* Outline the process for auditing/reconciling undertaken prior to loading, linking, and costing of activity which will be used in the costing system.
* What processes are in place to ensure re-extractions of activities/patients’ utilisations reflect the most current data?
* Include any additional comments for this section regarding your health service that may impact on your results.

## During costing process

* What types of reports are used for ensuring the integrity of input, process and output at different stages of the costing process (i.e. from loading of expenses and activity data to costed utilisations/services and costed patients)?
* What is the frequency of these reports and procedure for documentation?
* Include any additional comments for this section regarding your health service that may impact on your results.

## After patient costing

* What type of internal data quality assurance processes/procedures are conducted before generating the XML files to submit to the department?
* Include any additional comments for this section regarding your health service that may impact on your results.

## VCDC submission checks

**Address the following:**

### File validation and linking

* How do you use the Phase 2 – VCDC summary and validation reports provided by the department? Do you reconcile to your files submitted and address any issues?
* How do you use the Phase 3 – VCDC linking reports provided by the department? Are any issues identified with linking rectified and/or used for future improvements?
* Include any additional comments regarding your health service that may impact on your results.

### Quality Assurance checks

Following confirmation that the VCDC submission of the current year is final and that Phase 3 linking reports are satisfactory a set of data quality assurance reports are reviewed, and comments provided on their validity.

* How do you use the quality assurance reports to improve your costed results?
* Include any additional comments regarding your health service that may impact on your results

# Variation

**Address the following:**

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

* Provide explanation of costed results with explanation of significant movements from prior year.
* 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 costed activities

**Address the following:**

The impact of COVID-19 since 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.

* Provide any comments or difficulties encountered when costing COVID activities.

# Assurance

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

**Signed: Date:**

**Chief Executive Officer**