Statutory Reporting

Last Modified on 16/06/2025 9:30 am ACST

Drop Down Fields

Statutory Reporting fields can be found in various spots across the patient record. These drop downs contain only values that are valid for the statutory reporting bodies that you submit to. You will not be able to modify the contents of these drop downs as they are set by reporting bodies.

Example Statutory Report Fields in the Patient Record are:

- Marital Status
- Country of Birth
- Indigenous Status
- Preferred Language

Statutory Reporting fields can also be found in the admission screens:

- Admission Date
- Admission Time
- Urgency of Admission
- Source of Referral
- Inter-hospital Contracted Patient
- Re-admission Within 28 Days
- Same-day Status
- Hospital Insurance Status
- Contracted Patient Status
- and the list goes on...

Regenerate Reports

If the chosen report to run has already been generated and submitted, or there are errors in the generation, a message with the specific details will be provided. All admission details can also be shown by clicking on Show All.

Regeneration of a report (as long as it has not been submitted and accepted), will invalidate the previously run report.

Linking an Admission to an Invoice

For HCP reporting, every admission which has charges raised (invoice) needs to be report them. This is achieved by linking the admission to the invoice.

Behind the scenes, when the HCP report is generated, charges are passed through in the extract. Typically, the invoicing relates to the IHC portion of the claim - Theatre and Accommodation.

This means that before you can successfully generate an reporting extract, all admissions within that period must have an invoice linked to them.

Running Reports

1. From the Locations menu, find and **Show** location.
2. Click on **Statutory Reports** from the menu.
   a. Details of last run reports will be displayed.

This page displays eligible reports including the date period of the most recently generated report (if any have been generated). New reports can be generated from here or historical reports, if there are any, can be viewed.

If the chosen report to run has already been generated and submitted, or there are errors in the generation, a message with the specific details will be provided. All admission details can also be shown by clicking **Show All**

Statutory Report Record Interface

Field Name	Description
Report	Report name and version.
Date	Date when the report was created.
Contents	Displays the name of the report and the report version.
Generated At	Displays when the report was last generated.
Action Column	Actionable button enabling user to reject the record or informational text conveying that the record was rejected.

👤 Mr Mickey Doyle ALERT

Statutory Report Records

Report	Date	Contents	
VAED 26	Jul 2017	X5000012604PQ7631 PS028 I68B **Generated At:** 26/06/2018	Rejected
VAED 26	Jul 2017	X500001260400000000 **Generated At:** 26/06/2018	Reject
VAED 26	Jul 2017	E5000012604000000001311230550039339221MIC19060119655067KENT TOWN 2705201514 540 00000000PP X010010001 290520151420H PP 0003 199999 000000009AAA **Generated At:** 26/06/2018	Reject
HCP 0900	May 2015	Hospital to Department SI 48 0601 1965506712705201529052015300000000000000I68B8014540 9 98 00000 9 14200000	Reject

Running Reports with Non-discharged Day Surgery Patients

A warning message will appear—and the report will not run—if there are still day surgery patients not yet discharged.

Running Reports on the First of the Month

CareRight prevents you from running a statutory report within the current month. Due to a nuance with time zones, you need to wait until 12pm EST on the first of the month before running the report for the previous month.

So, if you want to run the report for admissions for November 2017, the earliest you can run this report is 12pm EST on December 1st 2017.

Statutory Reports

Statutory reporting is the mandatory submission of financial and non-financial information to a government agency. The health industry in Australia has its own set of laws and regulations that mandate the format and the data of statutory reporting.

CareRight supports each states legislation for submitting statutory reports:

- AAPC - ACT Admitted Patient Care Data Collection

- HCP - Hospital Casemix Protocol

- HMDS - Hospital Morbidity Data System

- ISAAC - Integrated South Australian Activity Collection

- PHISCo - Private Hospital Inpatient Statistic Collection

- QHAPDC - Queensland Hospital Admitted Patient Data Collection

- QLDCNR - Queensland Cancer Registry

- TAS - Tasmania Statewide Morbidity System

- VAED - Victorian Admitted Episodes Dataset

Statutory reporting is mandatory for all practices or specialists who deliver any type of surgery.

Reporting Criteria

The reports will generate days of admission based on each state requirements (i.e. taking into consideration if a patient has a leave day). Reports are also based on discharge date, not admission.

Initial Setup

Prior to running statutory reports, your System Administrator must complete a few steps:

1. Create Locations which need to provide reports.
2. Ensure each Location has a Hospital Provider Code and legislation code(s) defined.

a. For System Administrators, to add a reporting period, System Administration > View location > Select New

Statutory Reporting

Hospital Provider Number	12345CNR
Hospital Type	Private
VAED Campus Code	1234
VAED Campus Prefix	23456CNR
VAED PRS/2 Hospital Code	A12
HMDS Establishment Code	3
PHISCo Facility Code	4
QHAPDC Facility Number	5
AAPC Hospital Identifier	6
ISAAC Hospital Code	7
TSMS Establishment identifier	23456CNR
TSMS Contracted Hospital Name	23456CNR

Statutory Report Periods

Statutory Report	Start Date	End Date	Available	New
HCP - Hospital Casemix Protocol (HCP)	01/12/2021	31/12/2021	•	Show
QLDCNR - Queensland Cancer Registry	01/01/2021	31/12/2021	•	Show

Permissions

Statutory Reporting and access permissions will be assigned by your System Administrator. Please refer any access queries to your System Administrator.

State Base Cancer Registry Reporting (Notifications)

CareRight has been configured to run Cancer Registry reports utilising the existing Statutory functionality - See Running Reports - Cancer Registry

Holding Admissions from Extract

These may be 'admissions' that we have a contract with the Health Fund and billed as Outpatient Medical Services (OMS). These are not usually admitted and therefore aren't required to be reported to State Health. We have to admit and code these 'admissions' so that the Health Fund will pay. The Health Funds have advised that they do not require us to send these through HCP.

This is now supported by making an Outpatient admission.

1. Set the same day status to **Non-admitted**. These are excluded from stat reporting.

2. To claim you may need to set the optional field Service Category to 6 on the IHC claim form.

Gender Definitions

CareRight uses gender options that are aligned with standards established by the Australian institute of Health and Welfare. These are:

- Male

- Female

- Other

Consolidated Change Reporting for VAED Reports (v6.67.3 Enhancement)

The Victorian Department of Health and Human Services require that VAED monthly reports include changes to previous admissions, when applicable. In order to support this directive, CareRight now offers consolidated change reporting for VAED statutory reports.

Regenerating Reports

When regenerating reports, only the last month's report for that financial year will be available for regeneration. This means that the report for June for any year can always be regenerated and submitted to VAED, provided that it has met eligibility for its initial creation.

Note in the example below, the **Regenerate** button is hidden when there is a more recent report within the financial year, though June is still available for regeneration.

Include Entire Admission History

When the **Include entire admission history for YTD** checkbox is selected, then all admissions for that financial year up to the end of the current reporting month will be included in the VAED report, even if they have not been changed. By default, this option is unchecked.

Run individual fund HCP extracts (v6.69.3 Enhancement)

There are instances where hospitals may not be able to bill some admissions while negotiating health fund contracts, however. they still need to submit statutory reporting for those admissionons. Pre 6.69.3 is not capable of generating statutory reports if any of the fund's admission has no invoice.

6.69.3 Enables this feature where the following set of rules will be applied.

The following fields will be filled as $0

- HCP/PHDB > accommodation_charge

- HCP/PHDB > theatre_charge

- HCP/PHDB > labour_ward_charge

- HCP/PHDB > intensive_care_unit_charge

- HCP/PHDB > prosthesis_charge

- HCP/PHDB > pharmacy_charge

- HCP/PHDB > other_charges

- HCP/PHDB > bundled_charges

- HCP/PHDB > hospital_in_the_home_care_charges

- HCP/PHDB > special_care_nursery_charges

- HCP/PHDB > coronary_care_unit_charges

The funding source will be determined as follows:

If the admission has a pre-admission and the preadmission identifies the guarantor then that guarantor is used to determining the payer identifier.

If the admission has no pre-admission and the patient has health fund details recorded then assume the admission will be billed to that health fund and use that the payer identifier.

If the admission has no pre-admission and the patient has no health fund details recorded then assume the patient is paying and sen the payer identifier as self-insured.

The following report fields will use the determined funding source:

- HCP/PHDB > insurer_payer_identifier

- AAPC > funding_source

- HMDS > funding_source

- ISAAC > funding_source

- QHAPDC > funding_source

Invoicing Change

When creating an invoice that is linked to an admission ensure the admission is flagged for resubmission.

Note: Having no invoice no longer raises an error when generating stat reports and detail the rules described.

VAED Locality

For clients collection data for VAED data submissions it is important to understand how the VAED locality is collected and managed for an Admission. If a VAED location cannot be identified for a patient the VAED report will not generate until the user has manually set a VAED locality.

CareRight contains a list of all defined VAED locality as published by the Victorian Government.

Vaed requires all patients:

1. admitted in the month

2. are currently admitted in the month

3. any changes to other admissions previously submitted to VAED in the current financial year.

It is important for Australian addresses that the patient's home address is set to the correct address. For addresses within Australia it is recommended that you first **search using the patients suburb name**as this will automatically search and match the VAED locality list and ensure that the address will be compliant.

On / After Discharge

When you EDIT an admission after discharge CareRight will use the residential (home) address taken at discharge for the Patient to determine the best fit VAED locality to use using prefilll rules When you save the Admission this data is recorded for the admission.

Before Discharge

The VAED Locality will attempt to set a value on Admission and users can change this by editing the admission, but   **note:** this value may change if the user updates the patients home address postcode and or suburb **before they are discharged.** Each time a VAED report is generated and the admission is included in the VAED report being generated the home address:

- postcode
- suburb

are checked for changes . If they have changed then it will change the VAED locality using the prefill rules.

Prefill Rules used when per-selecting VAED locality

The following rules are used to prefill the VAED locality information:

- If the Patient has no home address then the VAED Locality is left blank. The drop down options for the VAED Locality will contain "No Fixed Abode" and "Unknown" to allow the user to record the reason why they have not been able to collect the locality information of the Patient.
- if the Patient has a home address with country Australia, but the postcode / suburb does not match the contents of the VAED Locality list then the VAED Locality will be left blank and there will be no options available to select from.
- if the Patient has a home address with a country other than Australia then the VAED Locality will attempt to match the correct country based on description with the VAED Locality list.

Fixing Errors

Fixing incorrect VAED Locality information:

If the VAED Locality is recorded incorrectly the best course of action to resolve is to:

- Ensure the patient's home address details are updated to the correct address
- Edit the Admission and remove any existing VAED Locality information and SAVE the admission
- Edit the Admission a second time and ensure the VAED Locality has not updated correctly and SAVE the admission.

Validation Errors

Mandatory Statutory Reporting values with error - that are configured to be hidden will now be visible when you run the report!

In some cases, Admission Categories value that are configured to be hidden but are mandatory values for Statutory Reporting will have validation errors. For these hidden values, users are now shown and prompted which values and records require action.

For example: Care Type is a hidden field.

You can click on the admission link and edit and under Admission Category Configuration, tick Display Hidden Fields

Edit the field required.

Known Limitations

CareRight aims to provide comprehensive and compliant statutory reporting; but does not cover all aspects of all requirements.

Admissions

Last reviewed: June 2025

Special Care Nursery Charges

Currently, these are a manual entry rather than calculated from admission line items.

Coronary Unit Care Charges

Currently, these are a manual entry rather than calculated from admission line items.

QHAPDC

Last reviewed: August 2025

SNAP - Maintenance Care

CareRight does not support the modelling and generation of *Maintenance* care SNAP Records; as the system only models a single episode.

SNAP - Rehabilitation

Rehabilitation is not modelled in the system - specifically Primary Impairment Type

APC / ISAAC

Last reviewed: June 2025

Prison/Remand/Youth Training Centre

CareRight does not capture fine grained definitions beyond *Custodial*

Infant Weight

The system allows data capture for this, but it is not currently reported.

HMDS

Last reviewed: June 2025

Update flag not supported

Mother's Identifier not supported

Continuous ventilatory support hours not supported

Contracted Care Flag - Private hospitals not required to submit.

PHISCO

Last reviewed: June 2025

ICU hours are not currently mapped.

Unqualified Newborn Bed Days are not currently mapped.

Episode deletion not supported.

Palliative Care Outcomes Collaboration (PCOC) - Capturing Data

Daily Usage

This article explains the workflow associated with collecting the data for PCOC statutory reporting.

> **Please note**: PCOC Data capture needs some system Administration configurations. Please review Here .

1. Add Diagnosis information;

Diagnosis can be entered in the patient Field ' **Diagnosis**' under the Demographics session.

2. SLK

Automatically generated from Patient information. See SLK Usage Guide.

3. Creating a PCOC Episode on Admission

1. Create your admission

    a. Select the field **Care Type: Palliative** (This can be defaulted in Admission Category level)

    b. Tick PCOC assessments conducted (in Admission Category level)

2. View the admission

3. Provided you have **PCOC Editor** permissions, you will be presented with the ability to **Create a new PCOC Episode from this Admission**

4. Click on **PCOC Episode,** this will create a PCOC Episode.

4. Creating a PCOC Episode outside of an Admission

If required, an episode can be started outside of the context of an admission.

View Patient > PCOC Episodes > New.
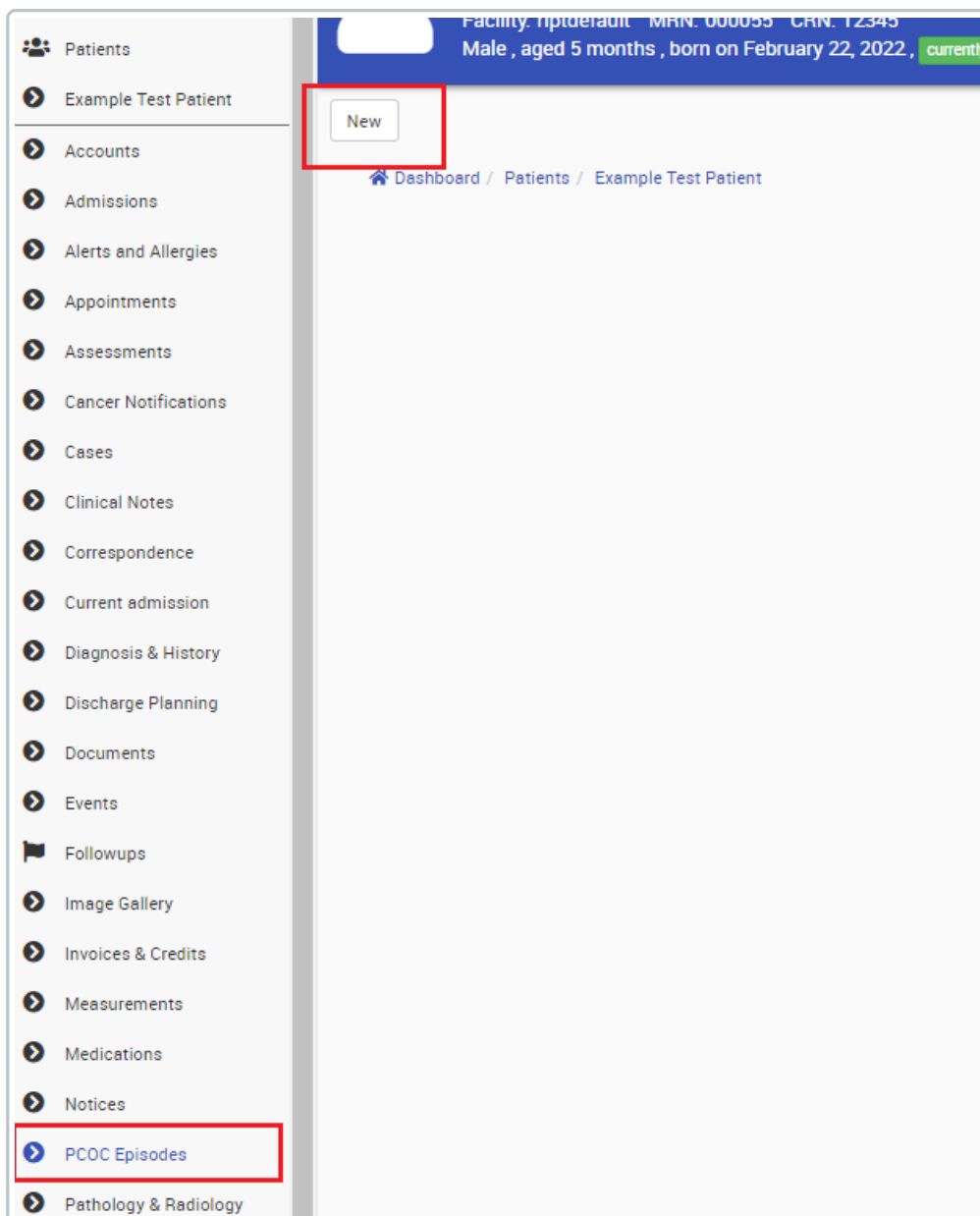
5. Capturing Observations via the PCOC Assessment

Once the patient is admitted for Palliative Care, the daily observations and phase changes can be monitored and recorded through an assessment, which is capable of managing the phases in associated PCOC Episode.

Please contact Clintel to configure this assessmenta nd associated trigger.

The **Record Phase Change** button will open two tabs (this requires popup blocking to be turned off on browser)

1. One for ending the existing Episode Phase (Add Phase End Date etc..)
2. One for creating new episode Phase.

6. Recording PCOC Episode Phase changes manually (Without using Assessments)

View the PCOC Episode

Choose one of "Move to (phase)" or alternatively click "Add" in the PCOC Phases section.

You are presented with the ability to capture phase information.

New PCOC Phase

PCOC Phase Type*	Deteriorating
Start Date*	25/07/2022
Location*	Default
Provider*	Miss System Administrator

SAS - Phase Start

SAS Insomnia	
SAS Appetite	
SAS Nausea	
SAS Bowels	
SAS Breathing	
SAS Fatigue	
SAS Pain	

Completing a PCOC Phase

View Patient > PCOC Episodes > Show > Identify the correct phase > Actions > Edit

PCOC Phase End

End Date	15/07/2022
Phase End Reason	Not recorded
Number Of Days Seen	3

SAS - Phase End

SAS Insomnia	1
SAS Appetite	1
SAS Nausea	1
SAS Bowels	1
SAS Breathing	1
SAS Fatigue	1
SAS Pain	1

RUG-ADL - Phase End

RUG-ADL Bed End	Select a value
RUG-ADL Toileting End	Select a value
RUG-ADL Transfer End	Select a value
RUG-ADL Eating End	Select a value

Generally this information will be recorded by staff making the decision to record a phase change, via the assessment

processes.

When an end date is specified, a number of other fields are considered mandatory.

Completing a PCOC Episode

View Patient > PCOC Episodes > Identify the correct episode > Actions > Edit

Here you are able to key in the final details of the Episode.

Statuatory Reporting

PCOC

Available under Locations > Statutory Reporting.

QHAPDC

Automatically generated from the PCOC Phases.